BALTIMORE, MARYLAND 21203

TO THE HOSPICAL ON ATTENDING PHYSICIAN. The law requires that the death certificate be secured with: "Self-its after death. Page 6 may be retained by the host TO THE PLANE OF THE LAW CONTINUES. THE LAW CONTINUES AND SELF-ITS SHOULD BE CHARLEST AND THE LAW CONTINUES. THE LAW CONTINUES OF THE LAW CONTINUES OF THE LAW CONTINUES. THE LAW CONTINUES OF THE LAW CONTINUES. THE LAW CONTINUES OF THE LAW CONTINUES OF THE LAW CONTINUES.

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

1 - REGISTRAR		CERTIFIC	ATE OF	DEATH	REG.	NO.	
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF GEATH
Charle	s A.	Zipp			MONTH TO TO		90 8 A
	The state of the s	E (In yes, lear protestay) #	UNION 1 YEAR	IF UNDER 24 HIRE.	Jan.		B. BIRTHPLACE (States or Foreign
2102-05-2144	Xx*1□*		NTHS DAYS	HOURS MH.	(Misrets, Day: Year	3,1912	MD.
Se. FACELITY NAME (If not institution, give a	treet and number)	90	CITY, TOWN	OR LOCATION OF DE	EATH	Sc. COUNT	TY OF DEATH
3814 Tudor A	rms Ave.		Balt.	imore			
10s. STATE 10s. COUNT	Y	10c. CITY, T	OWN OR LOCA	now			186. INSIDE CITY
Md.	1	Bal:	timor	9			1XXYES 2 □ HO
10s. STREET AND NUMBER 3814 Tud	or Arms Av	ve.	10	21211		18g. CITIZI	U.S.A.
1 Marriad STATUS 1 Newsr Marriad Narriad 2 Widowed 4 Divorced	12. WAS DECEMENT EVEN FORCES? YE IF YES, GIVE WAR OR		If yes, dy		MIC ORIGIN? (Specify es, Puerto Rican, etc.) y:		HACE — American Indian, Black, White, etc. Specify: WHITE
TS. DECEDENT'S EDU (Specify ant) represt grade Elementary/Secondary (9-12)	CATION Contributed College (1-6 or 5 +)	16a. DECEDENT'S US (Give sind of work Sts. Do NOT use is	UAL OCCUPATI done during me died.)	DRE set of working	16b, KIND OF	BUSINESS/NOV	STRY
12	3	I	PAY MAS	STER		STEEL	co.
15. PATHER'S NAME (First, Missis, Last)				-	AME (First, Middle, Mar		
WALTER	R A. ZIPP			MARG	ARET SCH	NPP	
THE INFORMANT'S NAME (Type/Print)		106. MAJLING AD	ORESS (Street	and Number or Flurel	Flourie Mumber, City or	Town, Stem, Zip (	Dorde)
NAOMI LOHR ZIE				The second second second	E BALTIMO	NAME AND ADDRESS OF THE OWNER, TH	SHIRE THE PARTY OF
20s. METHOD OF DISPOSITION 1. Burlal 2. Cremation 3 . Ren	noval from State	other place)	OH /Neme of ce	metary, crametary or			My or Town, State
4 Donation 5 Other (Specify)	resette	GREI		CREMATOR HD ADDRESS OF FA		ALTIMOR	E MD. 21202
- Edisa	N. YIM	e i la			490		Rd. 21212 ,Balto.,Md.
IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO JOR A	S A CONSEQUENCE OF)	100	hen	execution of a	11500	seder
PART II. Other significant condition	seco	h but not resulting in	the underlying		PES	AN AUTOPSY SPORMED?	240. WERE AUTOPSY PINDINGS AWALANLE PRIOR TO COMPLETION OF CAUSE OF SEATING.
estate	with					**	1 1 YES 3 NO
25. WAS CASE SEFERRED TO MEDICAL		1	THE RESERVE AND ADDRESS OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS N	LACE OF DEATH (C)	heck strily one)		
T VER 2 NO	HOSPITAL: 1   Inputient 2   ERVC		THER:	na 1 X Residence	6 C Other (Specify)		Section 1
27, MANNER OF OEATH	38s. DATE OF INJUS (Month, Day, No.	RY 286, TIME C	OF 28c. 19	JURY AT	28d. DESCRIBE H		NAED
1 Natural S Pending				YES 2 NO			
3 Dulctide 6 Could not be 4 Homicide determined	26s PLACE OF INJI building, etc. (1	JRY — At home, farm, stre specify)	et, Declary, offi		City or lown, 5		or Rural Route Number
former and	SICIAM: To the best of my kr						d. cause(s) and marver so stated.
286 SUGNATURE AND TITLE OF SKITTER	Den.	M		20c LICENSE NU	117/S	29d. DATE	SIGNED MANUA CON TON
30. NAME AND ADDRESS OF PERSON W				1	1/6		11111
	tenner M.D		. Pau	1 St., E	Balto. M	d. 21	218
31. DATE FILED (MOST), Dog 3607	LA STANGUITHART	GIARLINE.					

OULIL SE Day 1/8

	FOR STATE REGISTRAR	STATE OF MAR	RYLAND / DEPA CERTII					YGIENE REG. NO.			
1	1. DECEDENT'S NAME (First, Middle, Lest) RAYMOND ALSTON	, SR.			4		2. OATE OF	DEATH 21	<b>Y</b> 5	40	L2:20 pm m
	4. SOCIAL SECURITY NUMBER 217-24-4033	1 M 2 F	AGE (In yrs. lest birthday 58 YRS.	MONTHS	DAYS	IF UNDER 24 HRS, HOURS MIN,	7. DATE OF 1 (Month, De 9/2]	ny. Year) 1/31	٥	Country)	CE (State or Foreign
OB OB	9a. FACILITY NAME (If not institution, give started JOHNS HOPKI		L			ORE CITY			BALTI		
DIRECTOR	10a. STATE 10b. COUNTY	,	10.00	ALTIM	OR LOCATI	ON					I. INSIDE CITY LIMITS? XYES 2 NO
- 10	100. STREET AND NUMBER 1816 E. 29th ST	REET			101.	ZIP CODE	.8		10g. CITIZEN	OF WHAT	
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVEN FORCES? 1X IF YES, GIVE WAR KOREAN WA	OR DATES	13	If yes, spe	ENDENT OF HISPAN city Cuban, Mexica 2 X NO Specify	n, Puarto Rica		1 3	Black, WI Specify:	American Indian, hite, atc.
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed)  College (1-4 or 5+)		work done use retired.	during mos	N It of working		37.26/0900	NESS/INDUST		
	17. FATHER'S NAME (First, Middle, Last) HARRISON ALST	ON		ABORE	- K	18. MOTHER'S NA ELIZAB	ME (First, Midd	fle, Maiden S	urname)	.CL	
TO BE	19a, INFORMANT'S NAME (Type/Print)					nd Number or Rural I	Route Number,	City or Town,	State, Zip Coo	<sup>(*)</sup>	
	JANET H. ALSTON  20e, METHOD OF DISPOSITION 1 C Buriel 2 Cremetion 3 Rem 4 Donation 5 Other (Specify)	ovel from State	20b. PLACE OF DISP other place) GARRISON	OSITION (	Vame of cen	STREET/ netery, cremetory or FT CFM	DALIII	20c. LOC	ATION — CHY	or Town,	State
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE	~ ~ ~	22	, NAME AN	D ADDRESS OF FA		<u> </u>			
	23. PART I. Enter the diseases, or ahock, or heart fellure.  IMMEDIATE CAUSE (Final disease or condition resulting in deeth)	List only one cause	on each line.	not ente							Approximate Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	DUE TO (OF	R AS A CONSEQUENCE								yrs
CAL	PART II. Other algnificant conditions Circhosis Carcas his	na contributing to de	eath but not reaultin	in the	underlyin	g ceuee given in		PERFORI	MED?	AM CC OF	ERE AUTOPSY FINDINGS MILABLE PRIOR TO MPLETION DF CAUSE F DEATH?  YES 2 NO
PHYSICIAN: MEDI	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		ОТН	ER:	ACE OF DEATH (C)					
	1 YES 2 NO  27. MANNER OF DEATH  1 Noturel 5 Pending	28a. DATE OF IN (Month, Day,		TIME OF INJURY	28c. (N.	URY AT ORK? YES 2 NO			JURY OCCUR	RED	
TED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide detarmined	28e. PLACE OF it building, etc	NJURY — At home, fair c. (Specify)	m, street, f	actory, offic	4	28f. LOCAT City or	ION (Street a Town, State)	nd Number or	Rurel Rout	le Number,
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMIN	ER: On the beat of my									nd manner as stated.
B	29b. SIGNATURE AND TITLE OF CERTIFIE	Cotton W	•			29c. LICENSE NU	MBER		29d. DATE S  ▶ ) 2	IGNED (M	lonth, Day, Year)
5	30. NAME AND ADDRESS OF PERSON W	Hopelal	ba hours		212	7					
100	31. DATE FILED (Month, Day, Year)	132. REGISTRAR	3 SIGNALURE								

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OR.	DIRE	tem
TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be discounted by the study within 72 hours after health with the State Dear of Health and Mental Hydriene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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	1 - STATE REGISTRAR	SIAIE UP MI	AKYLAND / DEPAR CERTIF				MENIA	REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last)	L. Ale	xander				2. DATE MONT	OF DEATH	ž 9	EAR O	3. TIME OF DEATH 02: 27 1
	4. SOCIAL SECURITY NUMBER  217 -01-6179  9a. FACILITY NAME (If not institution, give a	1 M 2 F	AGE (In yrs. lest birthdey) 69 : YRS.	IF UNDER MONTHS  9b. CITY		UNDER 24 HR DURS MIN	04	о <u>г</u> вчетн	20	Country	ARYLAND
DIRECTOR	RESIDENCE OF DECEDENT		pital	Ba	Hme	re,	MD,				gran of
		ne an	undel G	LEN	BURN	IE					10d. INSIDE CITY LIMITS? 1 YES 2 XNO
FUNERAL	10e. STREET AND NUMBER 920 Edg.	every	EVER IN U.S. ARMED		1	3/0	61		10g, CITIZEN OF WHAT COUNTRY?		
BY FU	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	133	WAS DECENE If yes, specifi 1 YES 2	Cubsn, Ms	PANIC ORIGII xlcan, Puerto ecity:	N? (Specify Ye Rican, atc.)	s or No- 14	Specifi	— American Indian, , White, atc. HITE		
PEERED	15. OECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		USUAL O work done se retired.)		t working	168		JFACT		NG	
BE CO		LEXANDE	R		16		NAME (First, RISTI	Middle, Maider	M.	so	LOMON
10	190. INFORMANT'S NAME (Type/Print) WILLIAM P. ALI	EXANDER	The second secon		s (Street and I				vn, Stata, Zip G RE, MD		21225
	20e. METHOD OF DISPOSITION 1 M Burlel 2 Gremation 3 Rem 4 Donation 5 Other (secily)	_	CEDAR H				or		OCATION — CH		ARK, MD.
	21. SIGNATURE OF PURE AN SERVICE LIC	J. Ko	ufmen	42	26 CR	AIN	HWY.S	.W.G		URN	E 21061 IE,MD.
NOI	23. PART I. Enter the diseases, or shock, pr heart fellute.  IMMEDIATE CAUSE (Finsi disease or condition resulting in death)  Sequentially list conditions,	a. COULTO (0	DR AS A CONSEQUENCE OF	DYCA		Di dylng, i		diec or resp	elretory arres	it,	Approximate Interval Between Onset end Death
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or injury that initiated events resulting in death) LAST	c. DUE TO (C	DR AS A CONSEQUENCE C	PF):							
PHYSICIAN: MEDICAL C	PART II. Other algnificant condition	s contributing to d	leath but not resulting	In the ur	nderlying c	suse given	in Part i.	24s. WAS A PERFO	RMED?		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO NA
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL:	ER/Outpatient 3 🗆 DOA	OTHE:	R:		(Check only o				
	27. MANNER OF DEATH  1 Naturel 5 Pending 2 Accident Investigation	28s. DATE OF II (Month, Day	NJURY 28b. TII		28c. INJURY WORK	/ AT	28d. DE		INJURY OCCU	RED	
TED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF building, e	INJURY — At home, ferm, tc. (Specify)	street, fac	tory, offics			CATION (Street or Town, State	and Number or	Rural R	oute Number,
COMPLETED	cont only		ny knowledge, death occur imination and/or investigat								) end manner sa stated.
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIE	Korno	h, Wi	>	21	c. LICENSE	NUMBER		29d. DATE :	SIGNED	(Month, Day, Year)
_	30. NAME AND ADDRESS OF PERSON WE ALL TO STATE SILED (Month, Day, Year)	HO COMPLETED CAUSI	> Univ.		nd	22 S	. Gree	me_	37. E	al	Ho, Nis

-12A 137-12 La La La Al-2A 05P

MANAGER SELECTION

be detached for use as the burial-transit permit. Pages 1, 2, 3 should

by the hospital or attending physician.

DIRECTOR

FUNERAL

BY

COMPLETED

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once.

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3AL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fune	72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	If item 28 is marked or item 23 shows any injury, or other traumatic event, the medical exam
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MEDICAL CERTIFICATION

PHYSICIAN:

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IMPORTANT

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FOR STATE OF MA			MENT OF I		IENTAL HYGIENI REG. NO.	E				
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	,	YEAR 3	. TIME OF DEATH		
ERNEST CARL		BAYLI	ESS <sup>1</sup>		MONTH-21-90	)	TEAN	8:37AM M		
279 12 7813 1X M 2 D F	68	YRS.	NTHS DAYS	HOURS MIN.	APRIL 27,1	921	COUNTY)	OHIO		
9a. FACILITY NAME (If not institution, give street and number)		91	-	OR LOCATION OF DEA		9c. COUNT	Y OF DEA	тн		
SINAI HOSPITAL BALTIMORE CITY										
RESIDENCE OF DECEDENT										
10a. STATE 10b. COUNTY		10c. CITY, T	OWN OR LOCA	TION			1	0d. INSIDE CITY LIMITS?		
MARYLAND		1	BALTIM	DRE			1	X YES 2 □ NO		
10e. STREET AND NUMBER			10	r. ZIP CODE		10g. CITIZE	N OF WN	AT COUNTRY?		
2908 KEYWORTH AVENUE 21215 U. S. OF								OF &		
11. MARITAL STATUS  12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 VES 2 NO IF YES, GIVE WAR OR DATES  WW II 4/23/43-11/13/45  13. WAS DECENDENT OF HISPANIC ORIGIN? (Specifly Yea or No— If yes, specifly Cuben, Mexican, Puerto Rican, etc.) 1 VES 2 NO Specify:  BLACK										
15. DECEDENT'S EDUCATION (Specify only highest grade completed)	(G/ve	kind of work	UAL OCCUPATI	ON pet of working	16b. KIND OF BUS	INESS/INDU	STRY	DANO.		
Elementary/Secondary (0-12) College (1-4 or 5+)	life. E	Do NOT use n	etired.)							
0-10	- 1	MAINT	ENANCE		APARTMEN	T HOU	SES			
17. FATHER'S NAME (First, Middle, Lest)				18. MOTNER'S NAM	ME (First, Middle, Meiden	Sumame)				
N/A				EDIT	H N. BAYLE	SS				
tse. INFORMANT'S NAME (Type/Print)	19b.	MAILINO AD	DRESS (Street	and Number or Rural R	oute Number, City or Town	n, State, Zip C	lode)			
MRS. NORMA BROOKS (DAUGHTEI	29	908 KI	EYWORT	AVENUE	BALTIMORE	, MARY	LAND	21215		
20e. METHOD OF DISPOSITION  1 Spurial 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify)	1 Course 2 Cremetton 3 Removel from State BALTU									
21. SIGNATURE OF FUNERAL SERVICE LICENSEE	_	- 1 1		ND ADDRESS OF FAC			040			
- Lewis V Su	un	ノ			N FUNERAL			15-6393 E.MARYLAND		
	1	th Do not								
23. PART i. Enter the diseases, or complications that o shock, or heart fellure. List only one cause		ui. 00 110t	ontor the m	ode of dying, such	r as cardiac or respi	atory arre	<b>.</b>	Approximate Interval Batween Onset and Death		

Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING DUE TO (OR AS A CONSEQUENCE OF): CAUSE (Disesse or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST

DUE TO (OR AS A CONSEQUENCE OF):

24a. WAS AN AUTOPSY PERFORMED? PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 1 U YES 2 NO INQUIRY

24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TES ANNO

25. WAS CASE REFERRED TO MEDICAL EXAMINER?  TYPES 2 NO	HOSPITAL: 1 Inpetient XXXII/Outpetient 3	26. PLACE OF DEATH (Check only one)  OSPITAL:  OTHER:  Inpatient XXXVIVoutpatient 3 DOA  OTHER:  Unpatient Home 5 Residence 6 Other (Specify)								
27. MANNER OF DEATN  XXX Maturel 5 Pending 2 Accident Investigation	26e. DATE OF INJURY (Month, Day, Year)	26b. TIME INJU		28c. INJURY AT WORK?  1 YES 2 NO	28d. DEŞCRIBE NOW INJURY OCCURED					
3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At he building, etc. (Specify)	ome, farm, st	treet, fec	ctory, office	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)					

29a. CERTIFIER t \_ CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

MEDICAL EXAMINER: On the besis of and/or investigation, in my opinion, death occured at the time, date and place, end due to the cause(s) and manner as stated.

HIGHATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) **OCME** 1-22-90

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

MARIO F. GOLLE, JR., MD 111 Penn Street, Baltimore, MD 21201

32. REGISTRAR'S SIGNATURE 31. DATE FILED (Month, Day, Year)

VC

ir use as the burial-transit permit. Pages 1, 2, 3 should

1 - FOR STATE REGISTRAR

	1. DECEDENT'S NAME (First, Middle, Last)		Bus	rowe		2. DATE OF DEATH	- 95	AR 3.	12:30 AN	
		6. AGE		UNDER 1 YEAR		7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLA Country)	CE (State or Foreign	
TOR	9a. FACILITY NAME (If not institution, give atreet of Manor Care Nurs		96	Poton	LOCATION OF DEAT		9c. COUNTY	1	mery	
DIREC	10a. STATE 10b. COUNTY	gomery	Sil'	own on Location ver Sp:	ring				1. INSIDE CITY LIMITS? YES 2 NO	
FUNERAL DIRECTOR	100. STREET AND NUMBER 705 Quaint Acre	s Drive			0 9 0 4		Unit		States	
В	1 Never Married 2 Married	WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR I	2 NO	If yes, spec	IDENT OF HISPANIC Ity Cuben, Mexican, XINO Specify:	ORIGIN? (Specify Yea Puerto Rican, etc.)		14. RACE — American Indian, Black, White, etc. BLACK		
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade complete comp	ENESS/INDUST	RY							
BE	17. FATHER'S NAME (First, Middle, Lest) HENTY  19a. INFORMANT'S NAME-Experient)	L	ovell		Augus	E (First, Middle, Malden		<u>J0</u>	hoson	
10	Olaive Jones		705 Qua	int Ac	res Dr	.,Silver	Spri	ng,	Md.2090	
	20e METHOD OF DISPOSITION 1 Sturiel 2 Cremation 3 Removal 4 Donation 5 Other (Specify)	from State	other place) od Homest			1000	ngsto			
	21. SIGNATURE OF FUNERAL SERVICE LICENS  DO TO THE SERVICE LICENS	EE		IVes- Art	ADDRESS OF FACI Pearson ington,	Funera Va. 22	l Home	es		
	23. PART L. Enter the diseases, or common to the control of the co	Strol	ad the death. Do not sech line.  A CONSEQUENCE OF):	enter the mode	a of dying, auch	aa cardiac or reapi	retory arrest		Approximata Interval Between Onset and Death	
CERTIFICATION	Sequentially list conditions, if amy, loeding to immediate cause. Enter UNDERLYING CAUSE (Disease Dr Injury	DUE TO (OR AS A CONSEQUENCE OF):								
ERTIF	that initiated eventa resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF):							
MEDICAL	PART II. Other algorificant conditions of	entributing to death	but not resulting in t	the underlying	cause given in P	pert I. 24a. WAS AN PERFOR	MED?	AM CO OF	RE AUTOPSY FINDINGS MILABLE PRIOR TO MPLETION DF CAUSE DEATH? YES 2 NO	
CIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:	T o	26. PLA	CE OF DEATH (Chec	ik only one)				
PHYSICIAN	1 YES 2 NO 1 1 27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	tpatient 3 DOA 4	Nursing Home DF 28c, INJUI WOR		Other (Specify)  28d. DESCRIBE HOW	NJURY OCCUR	ED		
TED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJUF building, atc. (Sp	IY — At home, farm, streecify)			281. LOCATION (Street City or Town, State)	and Number or i	Rural Route	e Number,	
COMPLETED	anal and		wiedge, death occurred a on and/or investigation, i					tuee(a) an	d menner as stated.	
TO BE	29/05/SIGNATURE AND ATTLE OF CERTIFIER  ON D	MD	SATURITIES ON CENT OF		D 1350	75	> 1,	16	190	
	CAROL W. GARV	EY MD i	1510 OLD	GEORG.	RUBB	ROAD, ROCI	kulle	, MI	20852	
	31. DATE FILED (Month, Day, Year)	32. REDISTRAR'S SIG	NATURE							

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

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HYS	his d	ed
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DEN	Am	-
TEN	DH.	00
A	ECT	2 5
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp all operation	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for the applications and the second of the standard of the second of the	De med when it, nous are used with the Sale copy, or result and injury, or other traumatic event, the medical examiner must be notified at once.
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BALTIMORE, MARYLAND 20203

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	FOR STATE REGISTRAR  1. DECEDENT'S NAME (First, Middle, Last)	STATE OF MARYLA			F HEALTH AND OF DEATH		REG. NO	_		3. TIME OF DEA	TM
	BUR GEORG	E E. 6	BURICE	$\leq$		MONTH		AY 2	YEAR 90	5.15	PM
	4. SOCIAL SECURITY NUMBER 213-03 4340		yrs. lest birthday) = 75 YRS.	IF UNDER 1 YE MONTHS DA		(Month	(Month, Day, Year) Country			RGINIA	oreign
TOR	98. FACILITY NAME (II not institution, give str SINA) HOSPITE RESIDENCE OF DECEDENT	oot and number) TLOF BAI	LTIMORE	0 .	TIMOR			9c. COUNT	Y OF DE	ATN	
DIRECTOR	10e. STATE 10b. COUNTY MARYLAND		10c. CIT	r, town or L BAL	OCATION TIMORE					10d. INSIDE CIT LIMITS?	
FUNERAL	100. STREET AND NUMBER 2256 DRUID PARK	DRIVE	14 50		10f. ZIP CODE 21211				USA	HAT COUNTRY?	1
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 W Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	If ye	DECENDENT OF NISP a, apocity Cuban, Mexi YES 2 X NO Spec	can, Puerto F		a or No	4. RACE Black, Specify WHI	American Ind White, etc.	lan,
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondery (0-12) 5 TH	ATION completed) College (1-4 or 8 +)	16a. DECEDENT'S (Give kind of silfe. Do NOT us	vork done durin le retired.)	PATION g most of working	166.	RAILE	SINESS/INDU	STRY		
ш	17. FATHER'S NAME (First, Middle, Lest)  (UNKNOWN)	BURKE	16. MOTNER'S I	NAME (First, A			OWN)				
TO B	19a. INFORMANT'S NAME (Type/Print)  CATHERINE PERRYMA	AN .	19b. MAILING 3813		reet and Number or Run ANT PLACE						
	20s. METHOD OF DISPOSITION X Surisl 2 Cremation 3 Remo 4 Donation 6 Other (Specify)	val from State	other place)		of cemetery, cremetory of TH CEMETE			CATION — C			
	21. SIGNATURE OF FUNERAL SERVICE LICE	- Seit	0	A.	ALAN SEI 18 ROLAND	TZ, J					
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, ahook, or heart feliure. List only one cause on sech line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Due TO (OR AS A CONSEQUENCE OF):  Approximate Interval Betwee Onset and Death  Onset and Death										Between
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  EMPHYSEM  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):										
MEDICAL	PART II. Other significant conditions	contributing to death bu	ut not resulting	in the under	lying cause given	In Pert I.	24a. WAS AI PERFO 1 YES	RMED?		WERE AUTOPSY AMAILABLE PRIO COMPLETION DE OF DEATH?	R TO CAUSE
AN	25. WAS CASE REFERRED TO MEDICAL				8. PLACE OF DEATH	Chank ask as					
SICI	EXAMINER?  1  YES 2 NO	HOSPITAL:	etlent 3 🗆 DOA	OTHER:	Home 5 - Residence						
BY PHYSICIAN:	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	28b. TIN		E. INJURY AT WORK?  YES 2 NO	_		INJURY OCC	URED			
ED	3 Suicide S Could not ba	28e. PLACE OF INJURY building, atc. (Spec	— At home, farm,	street, factory,	offica	261. LOC C/ty	ATION (Street or Town, State	and Number (	or Rural Ro	oute Number,	
COMPLET	anal	CIAN: To the best of my knowles: On the basis of examination								and manner se	stated.
6.3								-			

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print,

SADHANA SHAH JAN 24 1990 SINAI HOSPITAL

32. REGISTRAR'S SIGNATURE

DHMH-16 Rev 1/89

for use as the burial-transit permit. Pages 1, 2, 3 should I or attending physician. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retailed to THE FINERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

21203-3146

BALTIMORE, MARYLA

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR	CERTIF	ICALE	UF	DEA	П	REG. N	0.		
	1. DECEDENT'S NAME (First, Middle, Last)  MOR(RIS BRODSKY				1		JAM.	DAY /	990	S. TIME OF DEATH
	217-07-9253 1XM2 F 91	vast birthdey)	IF UNDER	DAYS	AYS HOURS MIN. (Month, Day, Year			6. BIRTHPLACE (State or Foreign Country)  RUSSIA		
LOB	9a. FACILITY NAME (If not institution, give street and number) MILFORD MANOR NURSING HOME		9b. CITY		PIKES			9e. COI	BALTI	
5	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY	100 017	Y, TOWN (	D 1 004	71041	_		_		IOd. INSIDE CITY
DIRECTOR	MARYLAND	100.01		ALT	MORE					LIMITS?
FUNERAL	4227 LABYRINTH RD.		101. ZIP CODE 21215					1100	TIZEN OF WH SA	IAT COUNTRY?
ВУ	11. MARITAL STATUS  1 Never Merried 2 Merried  3 Widowed 4 Divorced  12. WAS DECEDENT EVER IN U.S FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	X NO		If yes, sp		m, Mexice	IIC ORIGIN? (Specify ) n, Puerto Ricen, etc.)	ee or No—	Black,	American Indian, white, etc.
8	15. DECEOENT'S EOUCATION (Specify only highest grade completed)	. DECEDENT'S	USUAL O	CCUPATIO	ON and works	0.72	16b. KIND OF B	USINESS/IN		
COMPLET	Elementary/Secondary (0-12) College (1-4 or 5 +) UNKNOWN	life. Do NOT u	e retired.) APER					DECOR	RATOR	
o o	17. FATHER'S NAME (First, Middle, Last)				18. MQT	HER'S NA	ME (First, Middle, Meide	n Surneme)		
ш	AARON BRODSKY						MINNIE	UNKNO	NWC	
TO B	190. INFORMANT'S NAME (Type/Print)  JOSEPH BRODSKY		ADDRESS				REISTERS			21136
	202 METHOD OF DISPOSITION 1 Surial 2 Cremation 3 Removal from State	ACE OF DISPO	_					OCATION -	- City or Tow	n, State
	4 Donation 5 Other (Specify)	NSHE E	MUNA	H				BAI	LTIMOF	RE, MD
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE				POL	TIPAT	INSON & BETOWN RD.			ID 21215
	ahock, of heart failure. List only one cause on each IMMEDIATE CAUSE (Final disease or condition resulting in death)	umon	IM		ode of dy	ing, auc	h as cardiac or rea	piretory a	rreat,	Approximate Interval Between Onset and Dasth
CERTIFICATION	Sequentially list conditions, if any, leading to immediats cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	NSEQUENCE O	PF):	•						
MEDICAL	PART II. Other significant conditions contributing to death but in	not resulting	In the u	nderiyin	g csuse	given in	Part I. 24a, WAS PERF	AN AUTOPS' ORMED?		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
Ä				/						
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 VES 2 NO HOSPITAL: 1 Inpution: 2 EPI/Outpetion	nt 3 🗆 DOA	OTHE 4M Nu	R:			6 Cher (Specify)			
/ PHY	27. MANNER OF DEATH  1 Netural 5 Pending  26s. DATE OF INJURY (Month, Dey, Year)	28b. Till (N	ME OF JURY	W	JURY AT DRK? YES 2	NO	26d. DESCRIBE HO	O YRULNI V	CCURED	
TED BY	2 Accident Investigation 3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — building, etc. (Specify)	At home, ferm,	street, fac	tory, affi	20		28f. LOCATION (Stre City or Town, Sta	et end Numb	ber or Rural Ro	oute Number,
COMPLET	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge one) 2 MEDICAL EXAMINER: On the basis of examination and									and manner se stated.
BE	296. SIGNATURE AND TITLE OF PRITIFIER JUXY L. CHER MY	2			29c, LIC	ENSE NUI	MBER 134	29d. 0/	ATE SIGNED	Manth, Day, Year)
10	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH  TO I EPIT SHEAR MO	(ITEM 27) (Type	e, Print)	PAR		140	ITTI AU	5 B	ACTO	MDZIZAM
	31. DATE FILED (Month, Day, Year)  32. REGISTRAR'S SIGNATUR  100 4.1. Karilan Ponda	RE C								
_	JAN & 1330 GUNGANA MONDO		<u>:</u>		-					DHMH-16 Rev 1/8

pital or attending physician. BALTIMORE, MARVENID 21203-3146 TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be exacuted within 24 hours after death. Page 6 may be responsed to the Property of the control of the property of the things of the standard of the stand 24 hours after death. Page 6 may be n DIVISION OF VITAL RECORDS, P.O. BOX 131

		FOR
1	_	STATE
0		REGISTRAR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIFI	CATE OF	DEATH	REG. NO	).		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH			TIME OF DEATH
	Beunie Keeter	Carroll				MONTH	19/19	EAR	0210 11
			(in yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	1 8	BIRTHPL	ACE (State or Foreign
	578-07-5266	□ M 2 D €	SA YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year) 2/17/0		Country)	h Carolin
	9a. FACILITY NAME (If not institution, give street	and number)	0.7	9b. CITY. TOWN	OR LOCATION OF DE		9c. COUNTY		
œ	WASHINGTON ADVEN		TMAT	164					
5	RESIDENCE OF DECEDENT	1131 NUSP	TTAL	TAKOMA	PARK		MON	rGOM	ERY
DIRECTOR	10a. STATE 10b. COUNTY		10c. CITY	TOWN OR LOCA	TION			10	d. INSIDE CITY
H	MD. PRINCE	GEORGE	COL	LEGE E	PARK			K	LIMITS?
	10e. STREET AND NUMBER				r. ZIP CODE		10g. CITIZE		T COUNTRY?
R/	9014 RHODE ISLA	ND AVENUE	E #6		20740		77	7 70	
FUNERAL		. WAS DECEDENT EVER I				IIC ORIGIN? (Specify Y		S.A.	American Indian,
	1 Never Married 2 Married	FORCES? 1 YES	200	If yes, sp	S X X NO Specify	n, Puerto Rican, etc.)		Black, W	/hite, etc.
BY	3 🔀 Widowed 4 🗌 Divorced	IF 123, GIVE WAN ON D	MIES	1   TES	S ALANU Specify	2		Specify:	ASIAN
0	15, DECEDENT'S EDUCAT	ION	16a. DECEDENT'S L			16b. KIND OF BI	ISINESS/INDUS	TRY	
E	(Specify only highest grade con Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use	ork done during me retired.)	osl of working				
7	12		SALESP	ERSON		RETA	T.T.		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			LINDON	18. MOTHER'S NA	ME (First, Middle, Maide			
	JAMES KEETER				NELLIE	DACC			
8	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street		Oute Number, City or To	vn. Statu. Zio Ce	ode)	
5	RICHARD E. CARRO	II CD							0.7
	20a. METHOD OF DISPOSITION		b. PLACE OF DISPOSI			RIVERDAL	DCATION - CH		
н	1 N Buriel 2 Cremetion 3 Remove 4 Donation 5 Other (Specify)	I from Stata	other place)						
н	21. SIGNATURE OF FUNERAL SERVICE LICENS		AKE FOR		ND ADDRESS OF FAC		CE FOR	REST	N.C.
	m a		- 0			son Fune	ral H	omes	22201
	11. Gulie		X .	28	47 Wilso	on Blvd.	. Arl	inat	on VA
	23. PART I. Enter the diseases, or com shock, or heart failura. Lis	plicetions that ceues	d the deeth. Do no	ot enter the me	ode of dying, suci	h ae cerdiec or resp	piratory arrea	ıt.	Approximata
	IMMEDIATE CAUSE (Final disease or condition	total			FAIL		•	117	Interval Between Onset and Death
	IMMEDIATE CAUSE (Fine)	RESP	IR ATT	DRY		URE			
7	IMMEDIATE CAUSE (Final disease or condition	RESP	IR ATT	DRY		URE			
NOIL	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions,	OUE TO (OR AS A DUE TO (OR AS A	A CONSEQUENCE OF	DRY ACTI	C .	LUNGS			
CATION	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	OUE TO (OR AS A DUE TO (OR AS A	PIR ATT	DRY ACTI	C .	URE			
IFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	OUE TO (OR AS A M A SS)	A CONSEQUENCE OF	ACTI LCFT	c - c	LUNG! VA			
ERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	OUE TO (OR AS A M A SS)	A CONSEQUENCE OF A CONSEQUENCE OF	ACTI LCFT	c - c	LUNG! VA			
CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	OUE TO (OR AS A MASS)  DUE TO (OR AS A MASS)  DUE TO (OR AS A MS)	A CONSEQUENCE OF A CONSEQUENCE OF V C A CONSEQUENCE OF RATIO	ACTI LEFT	C C	LUNGS VA VOWIA	?		Onset and Death
	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions of	OUE TO (OR AS A MASS)  OUE TO (OR AS A MASS)  OUE TO (OR AS A MS)  OUE TO (OR AS A MS)	A CONSEQUENCE OF	ACTI CFT	IN QUA	LUNGS VA MONIA	?	24b. W	Onset and Death  ERE AUTOPSY FINDINGS BALABLE PRIOR TO
	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions of CHRANIC	OUE TO (OR AS A MASS)  OUE TO (OR AS A MASS)  OUE TO (OR AS A AS S)  Contributing to death be ATRIAL	A CONSEQUENCE OF	ACTI CFT	IN QUA	LUNGS VA MONIA	N AUTOPSY PRMED?	24b. W	Onset and Death
EDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions of	OUE TO (OR AS A MASS)  OUE TO (OR AS A MASS)  OUE TO (OR AS A AS S)  Contributing to death be ATRIAL	A CONSEQUENCE OF	ACTI CFT	IN QUA	LUNGS VA MONIA Pert I. 24a. WAS A PERFC	N AUTOPSY PRMED?	24b. W	Onset and Death  ERE AUTOPSY FINDINGS AILABLE PRIOR TO AMPLETION OF CAUSE
EDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions of CHRONIC	OUE TO (OR AS A MASS)  OUE TO (OR AS A MASS)  OUE TO (OR AS A AS S)  Contributing to death be ATRIAL	A CONSEQUENCE OF	ACTI CFT	IN QUA	LUNGS VA MONIA Pert I. 24a. WAS A PERFC	N AUTOPSY PRMED?	24b. W	Onset and Death  ERE AUTOPSY FINDINGS AILABLE PRIOR TO MPLETION OF CAUSE F DEATH?
EDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions of CHRONIC ASIA	OUE TO (OR AS A MASS)	A CONSEQUENCE OF	DRY  CTI  CTI  CTI  CTI  CTI  CTI  CTI  CT	IN QUA	LUNGS VA MOWIA Part I. 24a. WAS A PERFO 1 VES	N AUTOPSY PRMED?	24b. W	Onset and Death  ERE AUTOPSY FINDINGS AILABLE PRIOR TO MPLETION OF CAUSE F DEATH?
EDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions of CHRONIC  ACAL ASIA	OUE TO (OR AS A MASS)  OUE TO (OR AS A MASS)  OUE TO (OR AS A AS S)  Contributing to death be ATRIAL	A CONSEQUENCE OF	DRY  DRY  CTI  CFT  The underlying RICLI  26. POTHER:	NQ A	LUNGS VA MONIA Pert I. 24a. WAS A PERFC 1 YES	N AUTOPSY PRMED?	24b. W	Onset and Death  ERE AUTOPSY FINDINGS AILABLE PRIOR TO MPLETION OF CAUSE F DEATH?
EDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions of CHRON CAUSE (Disease or injury that initiated events resulting in death) LAST  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO 1	OUE TO (OR AS A M A SS)  OUE TO (OR AS A M A SS)  OUE TO (OR AS A A SS)  Contributing to death be a scored as a sc	A CONSEQUENCE OF	DRY  DRY  DRY  DRY  DRY  ACTI  DESCRIPTION  ACTI  DESCRIPTION  ACTI  ACT	PN Q Ang cause given in PT I N	LUNGS VA MONIA Pert I. 24a. WAS A PERFC 1 YES	N AUTOPSY PRMEO?	24b. W. M. CCO	Onset and Death  ERE AUTOPSY FINDINGS AILABLE PRIOR TO MPLETION OF CAUSE F DEATH?
PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions of CHRON CAUSE (CHRON CAUSE)  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural S Pending	OUE TO (OR AS A A SP)  Contributing to death be a specification of the specific to the sp	A CONSEQUENCE OF  A CONSEQUENCE OF  A CONSEQUENCE OF  A CONSEQUENCE OF  BOTH  DUT NOT resulting in  FUBM  Petlant 3 DOA  28b. TIME	DRY  DRY  DRY  DRY  DRY  ACTI  DESCRIPTION  ACTI  DESCRIPTION  ACTI  ACT	IN Q A  Ing cause given in  TI IN  Chace OF DEATH (Cha	LURE  LUNGS  VA  MOWIA  Pert I. 24a. WAS A PERFC  1   YES  eck only one)  s   Other (Specify)	N AUTOPSY PRMEO?	24b. W. M. CCO	Onset and Death  ERE AUTOPSY FINDINGS AILABLE PRIOR TO MPLETION OF CAUSE F DEATH?
BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions of CHRONIC  ACAL ASIA  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  1 Netural 5 Pending Investigation 3 Suicide 6 Could not be	OUE TO (OR AS A M A S A )  DUE TO (OR AS A M A S A )  DUE TO (OR AS A A )  OUE TO (OR AS A	A CONSEQUENCE OF A CONS	DRY  DRY  DRY  DRY  DRY  ACTI  DRY  ACTI  DRY  ACTI  DRY  ACTI  AC	IN Q A  Ing cause given in  TION  CLACE OF DEATH (Chr  The 6 Residence  JURY AT  ORK?  YES 2 NO	Part I. 24a. WAS A PERFC 1 YES eck only one)  8 Other (Specify)  28d. DESCRIBE HOW	N AUTOPSY RMEO? 2 D NO INJURY OCCU	24b. W M CCO 0 1	Onset and Death  PRE AUTOPSY FINDINGS NILABLE PRIOR TO NILABLE PRIOR TO OCATING  YES 2 NO
BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions of CHRON CAUSE (CHRON CAUSE)  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending investigation	OUE TO (OR AS A M A JS)  OUE TO (OR AS A M A J	A CONSEQUENCE OF A CONS	DRY  DRY  DRY  DRY  DRY  ACTI  DRY  ACTI  DRY  ACTI  DRY  ACTI  AC	IN Q A  Ing cause given in  TION  CLACE OF DEATH (Chr  The 6 Residence  JURY AT  ORK?  YES 2 NO	LUNGS VA MOWIA  Part I. 24a. WAS A PERFC 1 YES  sck only one)  s Other (Specify)  28d. DESCRIBE HOW	N AUTOPSY RMEO? 2 D NO INJURY OCCU	24b. W M CCO 0 1	Onset and Death  PRE AUTOPSY FINDINGS NILABLE PRIOR TO NILABLE PRIOR TO OCATING  YES 2 NO
BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions of the conditions of th	OUE TO (OR AS A M A SS)  OUE TO (OR AS A M A SS)  OUE TO (OR AS A M A SS)  Contributing to death be contributed to contributing to death be contributed to contributing to contributing to contributing to contributing, etc. (Special Contribution)	A CONSEQUENCE OF A CONS	DRY  DRY  DRY  DRY  DRY  DRY  DRY  DRY	PACE OF DEATH (Chime 5   Residence JURY AT ORK? YES 2   NO	Part I. 24a. WAS A PERFC 1 YES  BCK only one)  8 Other (Specify)  28d. DESCRIBE HOW  City or Town, State	N AUTOPSY RMED?  2 NO  INJURY OCCUP  and Number or	24b. W. M. CC OII 1	Onset and Death  PRE AUTOPSY FINDINGS NILABLE PRIOR TO NILABLE PRIOR TO OCATING  YES 2 NO
BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions of CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions of CAUSE (CAUSE AS I AS	OUE TO (OR AS A M A SS)  OUE TO (OR AS A M A SS)  OUE TO (OR AS A SS)  OUE TO (OR AS A SS)  Contributing to death be a solution of the state of the	A CONSEQUENCE OF A CONS	DRY ): ACTI ): CFT ): The underlying Record	PN Q Ang cause given in QTIIN  PLACE OF DEATH (Chrome 5   Residence JURY AT ORK?  YES 2   NO ce	Part I. 24a. WAS A PERFC 1 YES  BCk only one)  8 Other (Specify)  28d. DESCRIBE HOW  City or Town, State  to the cause(e) and m	N AUTOPSY PRMED?  2 (2 NO INJURY OCCU  and Number or	24b. W. A. CC OII 1	Onset and Death  ERE AUTOPSY FINDINGS AILABLE PRIOR TO DMPLETION OF CAUSE F DEATH?  YES 2 NO.
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BALTIMORE, MARKENUD 21203-3146	hin 27- Hours after death. Page 6 may be retuned by the hobital or attending physician.	tely filled in by the funeral director, page 5 should be o tach of for use as the burial-transit mation, or removal.	t, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 131.	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be direct or use as the burial-transit be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at ente.

permit. Pages 1, 2, 3 should

	FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.	
	1. DECEDENT'S NAME (First, Middle, (481)	JAMES FRANK COLE 2. DATE OF DEATH DAY, YEAR 3.	TIME OF DEATH  7. 35 A M
	4. SOCIAL SECURITY NUMBER  212-10-187/	S. SEX  1 DM 2 O. AGE (in yrs. lost birthday)  1 DM 2 YRS.  1 DM 2 O. AGE (in yrs. lost birthday)  1 DM 3 O. AGE (in yrs. lost birthday)  1 DM 3 O. AGE (in yrs. lost birthday)  1 DM 3 O. AGE (in yrs. lost birthday)  1 DM 3 O. AGE (in yrs. lost birthday)  1 DM 3 O. AGE (in yrs. lost birthday)  1 DM 3 O. AGE (in yrs. lost birthday)  1 DM 3 O. AGE (in yrs. lost birthday)  1 DM 3 O. AGE (in yrs. lost birthday)  1 DM 3 O. AGE (in yrs. lost birthday)  1 DM 3 O. AGE (in yrs. lost birthday)  1 DM 3 O. AGE (in yrs. lost birthday)  1 DM 4 O. AGE (in yrs. lost birthday)	24 And
TOR	So. FACILITY NAME (If not institution give s Liberty Me	Street and number) Center BAHMORE BLOCATION OF DEATH & COUNTY OF BEAS	*
DIRECTOR	10b. COUNT	Kod - an ac	d. INSIDE CITY LIMPS?
FUNERAL I	10% STREET AND NUMBER	1 Bon Street 101. ZIP CODE 109. CITIZEN OF WHA	
BY FUNE	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. ARMED FORCES?  1 Ves. specify Cubago Razican, Puerto Rican, atc.)  14. RACE Bleck, W. Specify:  15. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— If yes, specify Cubago Razican, Puerto Rican, atc.)	American Indian, thits, etc.
	15. DECEDENT'S EDU (Specify only highest grade	a completed) (Give kind of work done during most of working	SIACK
COMPLETED	Elementary/Secondary (0-12)  17. EASHER'S NAME (Figs. Allicate. Last)	College (1-4 or 5+) LABORER REFIRED	
BE CC	Charles (	ole MARY WATKINS	
2	JAME HAC	Kins The Majling Address (tireer and Number or Plant Buffer Natible City or Timer. State, Zip Code)	
	20a. Sethod of Disposition  1 District 2 Committee 3 Rem  4 Donattee 5 Other (Specific	GARRISON FOREST VETSCEM GARRISON	n M2
	21. SIGNATIFIE OF FUNERAL SETVICE OF	MANESHARI TIMES JRFH  401 Edmadson Ac 212	29
	23. PART I. Enter the diseases, or shock, or haert failure.  IMMEDIATE CAUSE (Final	complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory errest, List only one pause on each line.	Approximata Interval Between Onset and Death
	disease or condition resulting in death)	BUETO (OR AS A CONSIGNANCE OF):	
LION	Sequentially list conditions, if any, leading to immediate	DUE TO IGH AS A COMPAGUIENCE OFF	
CERTIFICATION	ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa	C DUE YOUGH AS A CONSEGUIRICE OF:	
	resulting in death) LAST	· Ferrital	1
DICAL	Dulche	PERFORMED? AN	ERE AUTOPSY FINDINGS MILABLE PRIOR TO DMPLETION OF CAUSE F DEATH?
PHYSICIAN: MEDI			YES 2 NO
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	28. PLACE OF DEATH (Check only one)  HOSPITAL: 17 Inpetient 2 □ ER/Outpatient 3 □ DOA 4 □ Nursing Home 5 □ Residence 8 □ Other (Specify)	
ВУ РНУ	27. MANNER OF DEATH  1. Netural 8 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)  28b. TIME OF INJURY AT WORK?  1 YES 2 NO  28d. DESCRIBE HOW INJURY OCCURED	
	3 Suicide 6 Could not be datermined	28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify)  28f. LOCATION (Street and Number or Rural Rout City or Town, State)	te Number,
COMPLETED		SICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated.  ER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) at	nd manner as stated.
BE	29% BURNATURE AND TITLE OF CERTIFIE	29c. LICENSE NUMBER 29d. DATE SIGNEO MA  D3.5783  ≥ 29d. DATE SIGNEO MA	onth, Day, Year)
0	1-11	bis LIONA NORMAL COMPLET	/
	31. DATE FILED (Month, Cline, Wort)	22. REGISTRAR'S SIGNATURE  2. 1990 Auto-Control Production	
		1 1 1 1000	DUMM 10 Per 1/00

hed for use as the burial-transit permit. Pages 1, 2, 3 should

ospital or attending physician.

ector,		BUS
RAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director,		If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must
d in by the	72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	medical
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After	death	E ma
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	FOR 1 STATE	STATE OF MARYLAND				MENTAL H	IYGIENE	9	0	01511	
	REGISTRAR	C	ERTIFIC	CATE OF	DEATH	F	REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)	T	TDOD (	. COOPI	PD.	2. DATE OF MONTH	DEATH	YEA		IME OF DEATH	
		CPUT					-16	- 70		1:40p	
	216-01-61661	6. AGE (In yrs. I		ONTHS DAYS	IF UNDER 24 HRS. HOURG MIN.	7. DATE OF (Month, Do		Co	untry)	E (State or Foreign YLAND	
OR	Sa. FACILITY NAME (If not institution, give street BALTIMORE COUNTY				NDALLST		9c.	BAL'			
	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY		10c. CITY.	TOWN OR LOCAT	ION				104	INSIDE CITY	
L DIRECTOR	MARYLAND BAL	TIMORE		BALTI					1 12	LIMITS? YES 2 NO	
FUNERAL	5 POMONA NORTH, A	ו יייסי		101	ZIP CODE 212	08	10g	CITIZEN C	SA	COUNTRY?	
N.											
B	1 Never Married 2 Married 3 Widowed 4 Divorced	2. WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	ANO	If yes, sp	ENDENT OF HISPAI ecify Cuban, Mexica 2 NO Specif	m, Puerto Rice		В	ACE - A lack, Wh pec/fy:	merican Indian, ita, atc. WHITE	
ED	15. DECEDENT'S EDUCAT (Specify only highest grade cor		DECEDENT'S US	SUAL OCCUPATION	N of working	16b. Kil	ND OF BUSINES	S/INOUSTR	Y		
COMPLETED			life. Do NOT use	NER	st or working		CLOTH:	ING S	TORE	2	
BE CON	17. FATHER'S NAME (First, Middle, Last)  DAVID COOPER				16. MOTHER'S NA	ME (First, Midd		LVER			
10 8	19a. INFORMANT'S NAME (Type/Print)				nd Number or Rurel						
F	MRS. DOROTHY COOPE	IR .	5 POM	ONA NOR	TH, APT.				D	21208	
	20a. METHOD OF DISPOSITION XX Buriel 2 Cremation 3 Remova 4 Donation 5 Other (Specify)	Place) ANSHE	EMUNAH	netery, cremetory or		20c. LOCATIO BA	ON — CHY O LTIMO				
	21, SIGNATURE OF FUNERAL SERVICE LICEN	SEE		22, NAME A	DADOBESSOE FO OL LEVIN O REISTE				. , 1	4D 2121	
CERTIFICATION		IMMEDIATE CAUSE (Finel disease or condition resulting in death)  a. Here inc feet in									
BY PHYSICIAN: MEDICAL C	PART II. Other algnificant conditions of	ontributing to death but not	t resulting in	the undarlying	g cause given in		PERFORMED	?	CON OF I	LABLE PRIOR TO IPLETION OF CAUSE DEATH?	
N N	25. WAS CASE REFERRED TO MEDICAL			26. PI	ACE OF OEATH (C/	neck only one)					
25		IOSPITAL:	3 - DOA	OTHER:	e 6 🗆 Residence	6 Other /S	pecify)				
H	27. MANNER OF DEATH	28a. DATE OF INJURY	28b. TIME	OF 28c, INJ	URY AT		IBE HOW INJUR	Y OCCURE	)		
4	1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Year)	IULNI		RK7 (ES 2 NO						
	3 Suicide 6 Could not be determined	t home, farm, street, factory, office 289			281. LOCATION (Street and Number or Rural Route Number, City or Town, State)						
COMPLETED	ana)	IN: To the best of my knowledge, On the basis of examination and/o							se(a) and	I menner as stated.	
										ith, Day, Year)	
TO BE	2000 9 1000								190		
		incus m.	0		Cour	4 C.		HUSP			
	JAN 24 1990 Juli	32. REGISTRAR'S SIGNATURE	L								

DIVISION OF VITAL RECORDS, P.O. BOX 131

STATE OF	MARYLAND /	<b>DEPARTMENT</b>	OF HEALTH	AND	MENTAL	HYGIENE	
	CI	ERTIFICATE	OF DEAT	THE		BEG NO	

1 - STATE REGISTRAR	STATE OF MARY	LAND / DEPART CERTIFIC			MENTAL HYGIEN				
1. DECEDENT'S NAME (First, Middle, La ELIZABETH KAS	STEN DAHLSTROI	М			2. DATE OF DEATH MONTH D	AY	YEAR 3.	TIME OF DEATH	
4. SOCIAL SECURITY NUMBER	5. SEX 8. AGI		IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH			ACE (State or Foreign	
215-05-5770	1 M 2 SXF 7	9 YRS.	IONTHS DAYS	HOURS MIN.	3/3/10		Maryl	and .	
9a. FACILITY NAME (If not institution, gi				R LOCATION OF DE		9c. COU	NTY OF DEAT	н	
North Arvale  RESIDENCE OF DECEDENT  106. STATE  Maryland  Ba				BURN	112	AWI		trundel	
100. STATE 10b. COU			TOWN OR LOCAT					d. INSIDE CITY LIMITS?	
	altimore		atonsvi	TIE CODE		I		YES 2XXNO	
517 S. Hilton	Avenue		101.	21228		100	S.A.	T COUNTRY?	
11. MARITAL STATUS	12. WAS DECEDENT EVER	IN U.S. ARMED	13. WAS DEC		IIC ORIGIN? (Specify Ye			American Indian,	
10. STREET AND NUMBER 517 S. Hilton & 11. MARITAL STATUS 1 Never Married 2 Married 3 M Widowed 4 Divorced	FORCES? 1 YE	S 2 NO	If yes, spe	elfy Cuban, Maxical 2 K NO Specify	n, Puerto Rican, etc.)	. 01 110—	Black, Wi Specify:	White	
15. DECEDENT'S I	EOUCATION	16a. DECEDENT'S U	SUAL OCCUPATIO	N	18b. KIND OF BU	SINESS/IND	USTRY		
(Specify only highest g	College (1-4 or 8 +)	Iffe. Do NOT use	rk done during mo retired.)	t of worlding					
Elementary/Secondary (0-12) 12th grade 17. FATHER'S NAME (First, Middle, Last)		Admin.	Dept.		Md. Ger	1. Hos	sp.		
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NAI	ME (First, Middle, Maiden	Sumame)			
Charles Kasi	en			Dora					
1941. INFORMANT S NAME (Type/PTINI)					Route Number, City or Tox				
Alan E. Dahlsti				e Avenue				. 21234	
20a. METHOD OF DISPOSITION  1 X Burtal 2 Cremation 3 F  4 Donation 5 Other (Specify)	lamoval from Stata	ob. PLACE OF DISPOSIT other place) Lorraine					city or Town,		
21. SIGNATURE OF FUNERAL SERVICE	LICENSEE			D ADDRESS OF FAC					
hustoster	- H. Mila	)			al Home, I Avenue Ba		M	14 21220	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events								
5	d								
25. WAS CASE REFERRED TO MEDICA EXAMINER?  1  YES 2  HO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation		but not resulting in			Part I. 24s. WAS AF PERFO	RMED?	CO OF	RE AUTOPSY FINDINGS ALLABLE PRIOR TO MPLETION OF CAUSE DEATH?  YES 2 NO	
25. WAS CASE REFERRED TO MEDICA			20.00						
EXAMINER?	HOSPITAL:		OTHER:	ACE OF OEATH (Che					
27. MANNER OF DEATH	1 Inpatient 2 ER/O				8 Other (Specify)  28d. OESCRIBE HOW	INJURY OC	CHRED		
1 Natural 5 Pending 2 Accident Investigati	(Month, Day, Year	) INJUI	M 1 U	RK? ES 2 NO					
3 Suicide 8 Could not datermine	building, etc. (S)	RY — At home, farm, atroccity)	reet, factory, office		281, LOCATION (Street City or Town, State		r or Rural Route	e Number,	
	HYSICIAN: To the best of my known MINER: On the basis of axamine							nd manner as stated.	
	FJER /			29c. LICENSE NUM	ABER	29d. DAT	E SIGNED (Mo	onth, Day, Year)	
Mundas	Kenn	2/11	m	0 2	2206	•	1 2	3.90	
30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUSE OF	DEATH (ITEM 27) (Type, F							
31. DATE FILEO (Month, Day, Year)	32. REGISTRAR'S SIG								
IAN 24 1990	July Tavidson A	andelle							
THE WAT INVO	0	-						DHMH-16 Rev 1/8	

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CE	RTIF	ICATE O	F DEAT	Н	REG. NO		
	1. OECEDENT'S NAME (First, Middle, Last)				F2 F2 1 4 4 37			2. DATE OF DEATH	AY Y	3. TIME OF OEATH
ĺ	SALLIE	RUTH		FR	EEMAN			1 1		90 M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last	birthday)	IF UNDER 1 YEA			7. DATE OF BIRTH	8.	BIRTHPLACE (State or Foreign
	247-44-2998	1 M 2 F	58	YRS.	MONTHS DAY	B HOURS	MIN.	(Month, Day, Year) $4 - 21 - 3$	7	S . C .
	9e. FACILITY NAME (If not institution, give st	W W			9b. CITY, TOW	N OR LOCATIO	N OF DE		9c. COUNTY	
œ	11 WEST 20th									
6	RESIDENCE OF DECEDENT				BALT	<u>IMORE</u>	CI	TY		
E	10a. STATE 10b. COUNTY			10c. CIT	Y, TOWN OR LO	CATION				10d. INSIDE CITY
DIRECTOR	MD			BAL	TIMOR.	E $C$	ITY			X X LIMITS?
7	10e. STREET AND NUMBER				T	10f. ZIP CODE			10a. CITIZEI	N OF WHAT COUNTRY?
FUNERAL										
Z I	11 WEST 20th		FVFO IN U.O. ADD	450	40,390.0	212		IIC ORIGIN? (Specify Ye		SA
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ا ت	Elementary/Secondary (0-12) 9th Grade	College (1-4 or 5 +	)	sab				NA		
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	17. FATHER'S NAME (First, Middle, Lest)  WILLIAM	MARTI	71.7				MAG	ME (First, Middle, Maider	Surname)	
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2	19a. INFORMANT'S NAME (Type/Print)	7.7	19b	MAILING	ADDRESS (Stre	et end Number	or Rural F	Route Number, City or Tov	vn, State, Zip Co	0 1 4 9 0
- 1	JESSE FREEMA.	U	12	38 F	AIRMU	UNT/F	ITC	HBURG, $M$	ASS.	01420
1	20e. METHOD OF DISPOSITION	and from Stein	20b. PLACE C	OF OISPOS	SITION (Name of	cemetery, crem	atory or			y or Town, State
	4 Donation 5 D Other (Specify)	THE THURS DIRECT	MOUT	$\nabla T = Z$	ION C	EMETE	RY	L	ANSDO	WNE, MD
	21. SHANAFURE OF FUNERAL SERVICE LIC	ENSEX /			22. NAME	AND ADORES	S OF FA	CILITY		
	& chis of	11/11			7.734	0 1/1	Dan	77 77 11	01 77	NORTH AVE.
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	23. PART I linter the diseases, or of shock, or heart fallure.	ompiicationa that Liet only one cau:	caused the dea	eth. Do r	not antar tha	mode of dyin	ng, sucl	h as cardiac or reap	iratory srres	t, Approximata Interval Between
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8 I	cause. Enter UNDERLYING									
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A	PART II. Other significant condition	e contributing to	death but not re	aulting	In the underl	Ing cause g	Iven in		NAUTOPSY RMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
EDICAL								1 □ YES	2   NO	COMPLETION OF CAUSE OF DEATH?
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PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL				26	PLACE OF DI	EATH (Ch	eck only one)		
5	EXAMINER?	HOSPITAL:	ED 10-1-11-11-11-11	_ no.	OTHER:					
₹	27. MANNER OF DEATH	2Se. DATE OF		2Sb. TIM		INJURY AT	sidence	S Other (Specify)  28d, DESCRIBE HOW	IN HIEW OCCU	DEO.
	1 Netural 5 Pending	(Month, De			IURY	WORK?	,	288, DESCRIBE HOW	INJURY OCCU	HEO
BY	2 Accident Investigation					YES 2	NO			
	3 Suicide 8 Could not be	28e. PLACE Of building,	F INJURY — At hor etc. (Specify)	ne, farm,	street, factory, o	ffice		281. LOCATION (Street City or Town, State		Rursi Route Number,
E I	4   House Germana									
2	29a. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the best of	my knowledge, das	ith occurr	ed at the time,	inte end place,	end due	to the cause(s) and me	nner es atated	
COMPLETED	one)	R: On the basic of ex	amination end/or is	nveatigatio	on, in my opinio	n, death occur	ed at the	time, data and piece, e	nd due to the	cause(s) end menner es stated.
	29b. SIGNATURE AND TITLE OF CERTIFIE	3	,			29c LICE	NSE NU	4BFO	204 DATE (	BIGNED (Month, Day, Year)
BE		0	1			7)	2 74	27 /	▶ /	14/9/
٩	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED OFFI	TOP DEATH (	4 0T) 7	D-f-el		/_	3 -1	1 7	- 1/10
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page	7	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be
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ELIZABETH W. FRIEND  SOCIAL SECURITY NAME (Fire, NAME (Fire, NAME (Fire, NAME) (Fire, NAME))  SOCIAL SECURITY NAME (Fire, NAME)  SOCIAL SECURITY NAME (Fire,	ELIZABETH W. S. ACCOUNTY MARKET STATES A SECTION OF THE PRINCIPAL STATES AND		FOR 1 - STATE REGISTRAR	STATE OF I	/MARYLAND /	DEPAR					MENTA	L HYGIEN	E			
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22. NAME AND ADDRESS OF FACILITY A. ALAN SEITZ, JR. FUNERAL HOME 3818 ROLLAND AVENUE, BALTIMORE, MD. 21211  23. PART I. Enter the diseases, or complications the caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, interest failure. List only one cause on each line.  MMEDIATE CAUSE (Final disease or condition)  ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE  DUE TO (OR AS A CONSEQUENCE OF):  B. OUE TO (OR AS A CONSEQUENCE OF):  C. DUE TO (OR AS A CONSEQUENCE O	21. SIGNATURE OF FUNERAL SERVICE UCENSEE  22. NAME AND ADDRESS OF FRACHITY A. ALAN SEITZ, JR. FUNERAL HOME 3818 ROLAND AVENUE. BALTIMORE, MD. 21211  23. PART I. Enter the diseases, or complications the caused the death. Do not antar the mode of dying, such as cardiac or respiratory arrest, shock, or has fall fallium. List only one cause on each line.  MMEDIATE CAUSE (Final disease or condition.  BATTERIOSCLEROTIC CARDIOVASCULAR DISEASE  DUE TO (OR AS A CONSEQUENCE OF):  Sequentially list conditions.  BATTERIOSCLEROTIC CARDIOVASCULAR DISEASE  DUE TO (OR AS A CONSEQUENCE OF):  CAUSE (Disease or injury than initiated oversits resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  CAUSE (Disease or injury than initiated oversits resulting in death) LAST  A. ALAN SEITZ, JR. FUNDERAL HOME  ARTHUREDIATE CAUSE (Final disease).  ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  CAUSE (Disease or injury than initiated oversits resulting in death) LAST  A. ALAN SEITZ, JR. FUNDERAL HOME  ARTHUREDIATE CAUSE (Final disease).  ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE  DUE TO (OR AS A CONSEQUENCE OF):  CAUSE (Disease or injury than initiated oversits resulting in death) LAST  A. ALAN SEITZ, JR. FUNDERAL HOME  ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE  DUE TO (OR AS A CONSEQUENCE OF):  CAUSE (Disease or injury than initiated oversits resulting in death) LAST  A. ALAN SELTZ, JR. FUNDERAL HOME  DUE TO (OR AS A CONSEQUENCE OF):  24. AMERIA MEDIATE AND ALTERNAL HOME  DUE TO (OR AS A CONSEQUENCE OF):  25. MATTERIOR OR ALTERNAL HOME  A. ALTERNAL HOME  DUE TO (OR AS A CONSEQUENCE OF):  26. MANER AND ADDRESS OF PERSON WHITE OF ALTERNAL HOME  DUE TO (OR AS A CONSEQUENCE OF):  27. MANNER OF DEATH (Check only one)  DUE TO (OR AS A CONSEQUENCE OF):  28. MARIA MEDIATE AND ALTERNAL HOME  DUE TO (OR AS A CONSEQUENCE OF):  29. MARIA MEDIATE AND ALTERNAL HOME  DUE TO (OR AS A CONSEQUENCE OF):  29. MARIA MEDIATE AND ALTERNAL HOME  DUE TO (OR AS A CONSE				20b. PLACE	OF DISPO	SITION (No	ame of cen	setery crea						7 7	
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DUE TO (OR AS A CONSEQUENCE OF):    DUE TO (OR AS A CONSEQUENCE OF):	DUE TO (OR AS A CONSEQUENCE OF):  Sequentially list conditions, if any, leading to immediate causes Enter UNDERLYING the finite sea or of injury that initiates are of injury that injury injury that injury that injury injury that injury injury that injury		IMMEDIATE CAUSE (Final						~							
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25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  AND THER:  1   Imperient 2   ER/Outpetient 3   DOA   A   Mursing Home   A   Mursin	25. WAS CASE REFERRED TO MEDICAL    EXAMINER?   HOSPITAL:   28. PLACE OF OEATH (Check only one)	ME												1.8		
Suicide   Suic	29e. CERTIFIER   Certifying Physician: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(a) and manner as stated.  29e. CERTIFIER   Certifying Physician: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(a) and manner as stated.  29e. CERTIFIER   Certifying Physician: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(a) and manner as stated.  29e. LICENSE NUMBER   29e. LICENSE NUMBER   29e. DATE SIGNED (Month, Day, Year)    29e. LICENSE NUMBER   29e. DATE SIGNED (Month, Day, Year)    30. NAME AND ADDRESS OF LINEON WHO COMPLETED CAUSE   DEATH (ITEM 27) (Type, Print)    MARIO F. GOLLE, JR., MD   111 PENN STREET, BALTIMORE, MD 21201 VC  31. DATE FILEO (Month, Day, Year)    32. REGISTRAR'S SIGNATURE	ż										INSPEX	CTION			
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2   Accident 3   Suleide   8   Could not be determined 28s. PLACE OF INJURY — At home, farm, street, factory, office 4   Homicide 29e. CERTIFIER   Check only one)  28t. LOCATION (Street and Number or Rural Route Number, City or Town, State)  29c. CERTIFIER   Check only one)  29t. SUMMEDICAL EXAMINER: On the basis of examination end/or invest/setton, in my opinion, death occurred at the time, date end place, end due to the cause(e) and manner se stated.  29d. DATE SIGNED (Month, Day, Year)  29d. DATE SIGNED (Month, Day, Year)	29e. CERTIFIER (Check only or now)  29e. CERTIFIER (Check only or	4		(Month, I	Pay, Year)	200. TIN	JURY	WO	RK?	7 40	28d. OE	SCRIBE HOW I	NJURY OCC	CUREO		
4 Homicide  4 Homicide  4 Homicide  4 Homicide  4 Homicide  5 Homicide  4 Homicide  4 Homicide  5 Homicide  5 Homicide  6 Homicide  7 Homicide  6 Homicide  7 Homicide  7 Homicide  7 Homicide  8 Homicide  8 Homicide  8 Homicide  8 Homicide  8 Homicide  8 Homi	4 Homicide  4 Homicide  4 Homicide  4 Homicide  4 Homicide  5 Homicide  5 Homicide  4 Homicide  5 Homicide  5 Homicide  6 Homi		a Destruction	28e. PLACE (	OF INJURY — At h	ome, farm,				_ NO	28f, LOC	CATION (Street	and Number	or Rural I	Route N	lumber.
29c. LICENSE NUMBER  OCME  29d. DATE SIGNEO (Month, Day, Year)  1-22-90	P 296. LICENSE NUMBER CMOnth, Day, Veer)  1 22. REGISTRAR'S SIGNATURE	回		building	etc. (Specify)						City	or Town, State)				
29c. LICENSE NUMBER  OCME  29d. DATE SIGNEO (Month, Day, Year)  1-22-90	P 296. LICENSE NUMBER CMOnth, Day, Veer)  1 22. REGISTRAR'S SIGNATURE	) E	29e. CERTIFIER 1 CERTIFYING PHYS	ICIAN: To the best o	l my knowledge, d	eath occur	red at the	time, data	end place	end due	to the ca	use(a) and ma	nner se stat	led.		
29c. LICENSE NUMBER  OCME  29d. DATE SIGNEO (Month, Day, Year)  1-22-90	P 296. LICENSE NUMBER CMOnth, Day, Veer)  1 22. REGISTRAR'S SIGNATURE	OM													e) end r	manner se stated.
OCME 1-22-90	OCME  JO. NAME AND ADDRESS OF HIGH WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  MARIO F. GOLLE, JR., MD  111 PENN STREET, BALTIMORE, MD 21201 VC  31. DATE FILEO (Month, Day, Veer)  132. REGISTRAR'S SIGNATURE		290, SQUATURE AND TITLE OF CERTIFIE	al M	h	1)	-		29c, LICE	ENSE NUM	MBER		29d. DAT	E SIGNEO	(Month	n, Day, Year)
JO. NAME AND ADDRESS OF ALMSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)	MARIO F. GOLLE, JR., MD 111 PENN STREET, BALTIMORE, MD 21201 VC	0	Davo F.	Della	111	14/			(	OCME			•	1-	22-	90
	31. DATE FILEO (Month, Day, Year) 32. REGISTRAN'S SIGNATURE	F			SE DEATH (ITE	М 27) (Тур										
	31. DATE FILED (MORIT, Day, Year)  1 A N 2 1 1000				-		11	1 PE	NN S	TREE	T,BA	LTIMOF	E,MD	212	01	VC
31. DATE PILEO (Month, Day, Year) 32. REGISTRAR'S SIGNATURE	II JAIN & IJJU <i>Surumann-nere</i>		JAN 24 1990	July Davids	AR'S SIGNATURE	2										

REGISTRAR		CERTIFIC	CATE OF	DEATH	REG. N	0.	0,5.				
1. DECEDENT'S NAME (First, Middle, Last)	e Frie	denbe	19		2. DATE OF DEATH MONTH	DAY - 90	3. TIME OF DEATH				
217-14-6159		(In yrs. last birthday)	IF UNDUR I YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)  5-26	-16	BIRTHPLACE (State or Foreign Country)				
90. FACILITY NAME (If not institution, give to LevinDALE RESIDENCE OF DECEDENT	street and number)	2.75	BALTIV	MOVE (		9c. COUNTY	Y OF DEATH				
PESIDENCE OF DECEDENT  10a. STATE  MARYLAND	BALTIMORE	10c. CITY,	TOWN OR LOCATE	ON PIMORE			10d. INSIDE CITY				
10e. STREET AND NUMBER 3916 AVONHURST 11. MARITAL STATUS 1 Never Married 2 Married	CIR.		101.	ZIP CODE 21	208	10g. CITIZEI	N OF WHAT COUNTRY?				
3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IF FORCES? 1 YES	2-1 NO		cify Cuban, Mexica	IIC ORIGIN? (Specify ) n, Puerto Rican, etc.) /:	bs or No- 14	Black, White, etc.  Specify: WHITE				
15. DECEOENT'S EDL (Specify only highest grade Elementary/Secondary (0-12)			ISUAL OCCUPATIO ork done during mos retired.) EWIFE	N it of working		HOME	STRY				
	EMAN				ME (First, Middle, Meidle) BESS CAP	en Surname)					
19a. INFORMANT'S NAME (Type/Print) RONALD FRIEDENBE		19b. MAILING /	ADDRESS (Street at		Route Number, City or T	own, State, Zip Co	nde) 21136				
METHOD OF DISPOSITION		b. PLACE OF OISPOSI other place)				OCATION CIT					
4 Donetion 6 Other Spanish	BNAI ISRAEL BALTIMORE, MD  1. SIGNATURE OF FLACILITY & BROS., INC.  6010 REISTERSTOWN RD. BALTO., MD 21215										
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	disease or condition reaulting in death)  a.										
PART II. Other aignificent condition	cause given in	Part I. 24a. WAS / PERF	AN AUTOPSY ORMED? 2 NO	24b. WERE AUTOPSY FINDI MARLABLE PRIOR TO COMPLETION DF CAUS OF DEATH? 1 VES 2 NO							
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	ACE OF DEATH (Ch							
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 MO  27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	26a. DATE OF INJURY (Month, Day, Year)	26b. TIME	OF 28c. INJU	JRY AT	6 Other (Specify)  28d. DESCRIBE HON	/ INJURY OCCUI	RED				
9 Cudalda	261. LOCATION (Stre- City or Town, Str		Rural Route Number,								
E 000)	(Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as attated.										
296. SIGNATURE AND TITLE OF CERTIFIE	296. SIGNATURE AND TITLE OF CERTIFIER  296. LICENSE NUMBER  296. LICENSE NUMBER  296. DATE SIGNED (MONTH), Day, Voni)										
ESTRELITA O. +	HO COMPLETED CAUSE OF DE	VEU NTAV		w GERI	ATRIC CE	STER "	& Hospiras				
JAN 24 1990	Julia Davidson-A	ande									

us as the burial-transit permit. Pages 1, 2, 3 should Ittending physician.

BALTIMORE, MARYLAND 21203-3146

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by less TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detibe filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at any DIVISION OF VITAL RECORDS, P.O. BOX 13146,

OHMH-16 Rev 1/89

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 25 ment from the manual director participant. To THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely flood in its province provided by the standard physician and dental Hygiene prior to burial common, or minimal director death with the State Dept. of Health and Mental Hygiene prior to burial common, or minimal manual be notified at once.

	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
TRAR	CERTIFICATE OF DEATH	REG. NO.

	1 - STATE REGISTRAR	STATE OF MARYLA		ENT OF HEALT		REG. NO.	E	0 01313		
on settlers	1. OECEDENT'S NAME (First, Middle, Last) HAROLD	FOX (HAE	ROLD HILAF	OATE OF OEATH ONTH DA	V YEAT					
TOR	4. SOCIAL SECURITY NUMBER 26175.	M2DF 7	YRS. MON		DER 24 HRS. 7. D	ATE OF BIRTH	8. Bif	RTHPLACE (State or Foreign untry)  ARYLAND		
	ST JOSCPI	4 Hospit	46		V.SON		BAK	MURE		
DIRECTOR	10e. STATE 10b. COUNTY.	WARD	10c. CITY, TO	WN OR LOCATION	RIA			10d. INSIDE CITY LIMITS? 1 YES 2 NO		
	100. STREET AND NUMBER	0	1	10f. ZIP C	ODE	The same		F WHAT COUNTRY?		
FUNERAL	11. MARITAL STATUS 12	. WAS DÉCÉDENT EVER IN L		13. WAS DECENDEN	T OF HISPANIC OF	FIGIN7 (Specify Yes	USA or No.— 14. RA	ACE — American Indian.		
BY FI	1 Never Merried 2 Merried 3v Widowed 4 Divorced	FORCES? 1 YES		If yes, specify C	uben, Mexican, Pu NO Specify:	erio Ricen, etc.)	В	lack, White, atc.		
	15. DECEDENT'S EDUCATI (Specify only highest grade con		16e. OECEDENT'S USU (Give kind of work	done during most of wo	orking	16b. KIND OF BUS	I SINESS/INDUSTR			
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)  ##e. Do NOT use retired.)  ##ERCHANT								
COM	17. FATHER'S NAME (First, Middle, Last)	-	UIE		OTHER'S NAME (F	First, Middle, Meiden	HOLFSAL Sumame)	E		
BE (	WILLIAM FOX  194, INFORMANT'S NAME (Type/Print)					AM PLAT				
2	MR. STEPHEN FOX			PRESS (Street and Num						
	20e. METHOD OF DISPOSITION  Burlel 2 Cremetion 3 Removal	20b.	PLACE OF DISPOSITIO other place)	ENGLEWOOD  N (Name of cemetery, or		PALTIMO 20c. LOC	CATION — City of	7 Town, State		
	4 Donation 6 Other (Specify)	-	ARLINGTON	(CHTZUK	AMUON)		BALTIMO	RE MD		
	21. SIGNATURE OF FUNERAL MENVICE VICENS				INSON &	BROS.,	INC.	,		
	23. PART I. Enter the diseases, of com	iplications that caused	the death. Do not e	6010 RF	CTSTERST dying, such as	OWN RD cerdlac or respi	PALTO,	Approximeta		
	ahock, or heart fallure. Liat IMMEDIATE CAUSE (Final							Interval Between Onset and Death		
1	resulting in death)	SEPSIS	12.0			<del></del>		DAYS		
	DUE TO (OR AS A CONSEQUENCE OF):  END STAGE RENAL DISTAGE									
0	Sequentially list conditions, If any, leading to immediata									
CA	cause. Enter UNDERLYING CAUSE (Disease or Injury	DERLYING C DIABETED								
CERTIFICATION	that initiated events resulting in death) LAST	DUE TO (OR AS A C	CONSEQUENCE OF):							
	PART II. Other algnificant conditions of	contributing to death bu	t not resulting in th	na undarlying caus	aa given in Part			24b. WERE AUTOPSY FINDINGS		
DICAL	PERFORMED?  1 VES 2 NO OF DEATH									
ME								1 - YES 2 - NO		
AN	25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one)									
SIC	EXAMINER?	OSPITAL: Unpatient 2 - ER/Outpa		HER: Nursing Home 5						
PHYSICIAN: MEDI	27. MANNER OF DEATH  Netural 5 Pending Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	28c. INJURY AT WORK?  M 1 YES		28d. DEŞCRIBE HOW INJURY OCCURED				
TED BY	2 Accident investigation 3 Suicide 6 Could not be 4 Homicide determined	26e. PLACE OF INJURY - building, etc. (Specif	/ — At home, farm, street, factory, office 28f. LC			LOCATION (Street and Number or Rural Route Number, City or Town, State)				
COMPLETED	29a. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end placa, end due to the cause(e) and menner se stated.  2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(e) end menner se stated.									
TO BE	296 SIGNATURE AND THEE OF CERTIFIER	' (auren	ci) i		LICENSE NUMBER			NED (Month, Day, Year) JUARRY 20, A90		
	WILLIE EDWARD	LAWREN CE	JR. M	, D.						
100	JAN 24 1990 July	32. BEGISTRAR'S SUNA	TURE							

DIVISION OF VITAL RECORDS, P.O. BOX 13146,	BALTIMORE, MARYLAND 21203-3146
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 fours after death. Page 6 may be retained by the hospital or attending physician.	ar death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial transit permit Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	the funeral director, page 5 should be detached for use as the burda transit permit Pages 1, 2, 3 should wal.
IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	il examiner must be notified at once.
TO BE COMDIETED BY PHYSICIAN MEDICAL CERTIFICATION	TO BE COMPLETED BY FILNERAL DIRECTOR

	REGISTRAN			ENTIF	CAIL	OF	DEATH		HEG. NO.				
- 1	1. DECEDENT'S NAME (First, Middle, Lest)  MABEL K. GRIFFIN  2. DATE OF DEAMONTH 1											3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER	5. SEX			IF UNDER 1 Y	MYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		8. BIRTHPLAC Country)			
		230-03-6464 1□ M 2 ☑ F 74						9/2	8/15		Mar	yland	
	9a. FACILITY NAME (If not institution, give st	treet and number)			9b. CITY, TO	9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH						EATH	
e l	15 Poplar Avenue				Cator	svill	.e	I	Balti	.more			
5	RESIDENCE OF DECEDENT  10a, STATE 10b, COUNTY	T.,											
끮				17	Y, TOWN OR							10d. INSIDE CITY LIMITS?	
ō		ltimore		Ca	tonsv	il1	.e				1 YES 2 X NO		
¥	10e. STREET AND NUMBER					101.	ZIP CODE			10g. CIT	IZEN OF W	VHAT COUNTRY?	
FUNERAL DIRECTOR	15 Poplar Avenue	2					21228			U.	.S.A.		
5	11. MARITAL STATUS	ARMED							- American Indian, c. White, etc.				
7	1 Never Married 2 Married		YES 2 7	MMO	If yes, specify Cuban, Mexican  1 ☐ YES 2√2 NO Specify				.,			My:	
В	3 Widowed 4 Divorced									White			
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade		16a. i	DECEDENT'S	CEDENT'S USUAL OCCUPATION his kind of work done during most of working				IND OF BUS	SINESS/IN	DUSTRY		
ᄪ	Elementary/Secondary (0-12)	College (1-4 or 5		life. Do NOT u	se retired.)	ang moo	a or working						
릴	8th grade		I	Homema	ıker								
O	17. FATHER'S NAME (First, Middle, Last)		-				18. MOTHER'S NA	ME (First, Mic	ldle, Maiden	Sumame)			
2	John Robert Kopp						Bertha	a Viol	a Asl	nlev			
8	19a, INFORMANT'S NAME (Type/Print)			19b. MAJLING	ADDRESS (S	Street a	nd Number or Rural I		_		in Code)		
2	Robert Lee Griffi	n					nue Ba					21228	
	20a. METHOD OF DISPOSITION	-11	20b Pl AC				netery, cremetory or						
	1 ☐ Burial 2 🏋 Cremation 3 🗆 Rem	oval from State	other Motor	place)	emator	***	Tno		20c. LOCATION — City or Town, State				
	4 Donation 5 Other (Specify)	SENECE	Het	LO CIE				on Prv	рат	Baltimore, Maryland			
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE				22. NAME AND ADDRESS OF FACILITY Hubbard Funeral Home, Inc.								
	Yauna D									1. 21229			
	23. PART I. Enter the diseases, or it	omplications the	it caused the	death. Do	not enter th	не то	de of dying, suc	h as cardie	c or reapl	ratory a	rreat,	Approximate	
	ahock, or heart failure.											Onset and Death	
	IMMEDIATE CAUSE (Final disease or condition Condicate COS)												
- 1	resulting in death)  a. Due to one as a consequence op-												
	IMMEDIATE CAUSE (Final disease or condition resulting in death)  a. Cardrac arrest  Due to (or as a consequence of):  Cordracy Heart Deserving  Due to (or as a consequence of):												
8	Sequentially list conditions,  Due TO IOR AS A CONSEQUENCE IOF:												
F	cause. Enter UNDERLYING												
임	CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):												
ĒΙ	resulting in death) LAST												
CERTIFICATION	d												
ايا	PART ti. Other significant condition	s contributing to	death but no	t resulting	In the unde	erlying	cause given in	Part I.	4a. WAS AN		24b	. WERE AUTOPSY FINDINGS	
MEDICAL						1	PERFORMED?			AVAILABLE PRIOR TO COMPLETION OF CAUSE			
						7			OF DEATH?				
-								-				1 YES 2 NO	
A N													
ᅙ	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one)  OTHER:												
YS	1 YES 2 SUIO	1 inpetient 2		_			e 5 Residence	_					
PHYSICIAN:	27. MANNER OF DEATH  28a. DATE OF INJURY (Month, Day, Your)  28b. TIME OF 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED WORK?												
B	1 Natural 5 Pending 2 Accident Investigation M 1 YES 2 NO												
9	3 Suicide & Could not be	3 Suicide 6 Could not be 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, factory, office City or fown. State)									Floute Number,		
EE	4 Homicide determined												
1 1	29a. CERTIFIER 1 CERTIFYING PHYS	ICIAN: To the best o	f my knowledge.	death occur	red at the tim	e, date	and place, and due	to the caus	e(s) and ma	nner as st	ated.		
COMPL	anal construction											s) and manner as stated.	
8	2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.												
BE	296. SIGNATURE AND TITLE OF CERTIFIER  296. LICENSE NUMBER  296. LICENSE NUMBER  296. DATE SIGNED (Month, Day, Voer)												
2	A 1660 - 1-22-90												
	30. NAME AND ADDRESS OF PERSON WH	IO COMPLETED CAL	JSE OF DEATH (I	TEM 27) (Type	a, Print)	Suii	re 100						
	A. Shams		405 Fr	ederi	ck Ro	id	te 100 Catonsv	ille,	Md.	212	28		
- 1	JAN 24 1990 June Day Section D												
	1/1 1/2 / 1000	Marin Barre	JAN 24 1990 galander Variation										

permit. Pages 1, 2, 3 should

21203-3146

BALTIMORE, MARYLAND

10

Carla S. A.

31. DATE FILED (MORITY, Day, No. 19)

JAN 24 1990

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

1. DECEDENT'S NAME (First, Middle, Last)	L GR	AHAM			2. DATE OF DEATH DO		3. TIME OF DEATH		
- · · · · · · · · · · · · · · · · · · ·	SEX 6. AGE	In yrs. last birthday) YRS.	IF UNDER 1 YE.		7. DATE OF BIRTH (Month, Day, Year)	8.	BIRTHPLACE (State or Foreign Country)		
9a. FACILITY NAME (if not institution, give atreet			9b. CITY, TO	N OR LOCATION OF D	EATH	Y OF DEATN			
Stella Maris Hosp	pice		Tows	on, MD		Baltimore			
MD. BALTI	MORE		RKTON	OCATION					
100. STREET AND NUMBER RFD #1			101. ZIP CODE 21120		10g. CITIZEN OF				
11. MARITAL STATUS  1 Never Married 2 Married  3 Wildowed 4 Divorced  12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 NYES 2 NO IF YES, GIVE WAR OR DATES				DECENDENT OF NISPA I, specify Cuben, Mexic YES 2 NO Speci		Rican, etc.) Black, White Specify:			
15. DECEDENT'S EDUCAT (Specify only highest grade con Elementary/Secondary (0-12)	ION npleted) College (1-4 or 5+)	16a. DECEDENT'S ( (Give kind of w life. Do NOT use	ork done during	PATION g most of working	16b. KIND OF BU	SINESS/INDUS	WHITE STRY		
17. FATHER'S NAME (First, Middle, Leat)				18. MOTHER'S N	ME (First, Middle, Malden	Surname)			
19a. INFORMANT'S NAME (Type/Print) PAVIB STATION  20a. METHOD OF DISPOSITION 1   Burlel 2   Cremetton 3   Remove	Achael MOrton 201	604 C	ockeys		Route Number, City or Tow d, Reister:	stown,			
21. SIGNATURE OF FUNERAL SERVICE LICENS  23. PART I. Enter the diseases or com shock, or heart failure. Lis	Mulle polications that caused	1-22-90 the death. Do no ach line.	STA		Y BOARD, B		MD. 21201		
IMMEDIATE CAUSE (Final disease or condition resulting in desth)  a. Due to (or as a consequence of):									
Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury  DUE TO (OR AS A CONSEQUENCE OF):									
that initiated events resulting in death) LAST  d									
PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I.  24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 24b. WERE AUTOPSY ANALIBLE PRICE COMPLETION OF DEATH? 1 YES 2									
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  HOSPITAL:  OTHER:									
27. MANNER OF DEATH  1 Netural 5 Pending	□ Inpatient 2 □ ER/Outs  28e. DATE OF INJURY (Month, Day, Year)	28b, TIME	4 Nursing E OF 26c	Nome 5 Residence INJURY AT WORK?  YES 2 NO	8 M Other (Specify) HOSPICE 28d. DESCRIBE HOW INJURY OCCURED				
2 Accident Investigation 3 Suicide 6 Could not be determined	28e. PLACE OF INJURY building, etc. (Spe	' — At home, farm, st			261. LOCATION (Street City or Town, State)	Rural Route Number,			
enel	N: To the best of my know						cause(a) and manner as state		
	The state of the s		uy opiim	, seems occurred at the	· ······e, uses and piece, at		renested even implicat as state		
296. SIGNATURE AND TITLE OF CERTIFIER	0			29c, LICENSE NU	MBER	29d, DATE S	BIGNED (Month, Day, Year)		

Alexander, M.D.-Stella Maris Hospice-Dulaney Valley Rd.-Towson 21204

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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely lined in by the funeral director, page be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner revet be
	SP	E F	E
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	2	28	Ξ

	REGISTRAR		CERTIF	ICALE	F DEATH	REG. NO	).			
	1. DECEDENT'S NAME (First, Middle, Last) Frieder:	ike Gottfri	2. DATE OF DEATH DAY YEAR 3. TIME OF DEATH YEAR 12 1990 12 NOS MM							
CERTIFICATION TO BE COMPLETED BY FUNERAL DIRECTOR	4. SOCIAL SECURITY NUMBER 341-12-7915	5. SEX 6. AG	E (In yrs. last birthday)  86 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS PAYR HOURS MIN.				8. BIRTHPLACE (State or Foreign Country)		
	Sa. FACILITY NAME (If not institution, give	00	96. CITY, TOW	96, CITY, TOWN OR LOCATION OF DEATH			Hungary			
	0270				Silver Sp					
	RESIDENCE OF DECEDENT			<u> </u>		TIN	Montgamory			
	Md 106. STATE MOI	10c. cr 123	17, TOWN OR LO	Hampshie:	Ave	10d. INSIDE CITY LIMITS? 1 YES 2 NO				
	100. STREET AND NUMBER  SXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	X <b>NX</b> 12325 NE	W HAMPSHI	ER AVE	XXX 20901	10g. CITIZI	EN OF WHAT CHINTRY? USA			
	11. MARITAL STATUS  1  Never Merried 2 Married  3 Navidowed 4 Divorced  12. WAS DECEDENT EVER IN U.S. A FORCES? 1 YES 2 Note of the second of			ARMED 13. WAS DECENDENT OF HISPANI			n, Puerto Ricen, etc.) Ble			
	15. DECEDENT'S ED	HICATION	160 DECEDENTS	S USUAL OCCUPA	TION	MA KIND OF BUI	8b. KIND OF BUSINESS/INDUSTRY			
	(Specify only highest grade completed) (Gh		(Give kind of	work done during	most of working	100. KIND OF BU	STRY			
	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NAME (First, Middle,			Meiden Surname)		
	LEOPOLD DIAM	ANT			ANNA	DUSCHNITZ				
	19e. INFORMANT'S NAME (Type/Print)		19b. MAILIN	G ADDRESS (Street	et end Number or Rural	Route Number, City or Tow	vn, State, Zip (	Code)		
	20e. METHOD OF DISPOSITION 1   Buriel 2   Cremetion 3   Ret	moval from State	other place Max	esition (Name of	cometery, crematory or	pard 20c. LC	OCATION — C	ity or Town, State		
	1 Burlel 2 Cremetion 3 Removal from Blate 4 Donation 5 Other (Specify)  1. Signature of Tuleral Service Licensee  1 - 2 2 - 90  22. NAME AND ADDRESS OF FACILITY  STATE ANATOMY BOARD, BALTO., MD. 2201									
	/ Anulul	Mulle-	-	STA	TE ANATOM	Y BOARD, B	ALTO.,	MD. 2201		
	Sequentially liet conditions, If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  a.   Archae arrast probable muscardial infant.   hr-  DUE TO (OR AS A CONSEQUENCE OF):  b.  Archae arrast probable muscardial infant.   hr-  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):									
	PART II. Other algorificant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS									
EDICAL	PART II. Other algunicant conduc	onal contributing to deeth	in the underly	ing cause given in	Part I. 24a. WAS AP PERFO	RMED?	24b, WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?			
≥	1   YES 2   NO									
NA I	28. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one)									
Si	EXAMINER?  1 YES 2 NO  HOSPITAL: 1   Inpetient 2   ER/Outpatient 3   DOA   Nursing Homa 5   Residence 5   Other (Specify)									
BY PHYSICIAN:	27. MANNER OF DEATH  1. Natural 5 Pending investigation	25e. DATE OF INJUR (Month, Day, Year		JURY	INJURY AT WORK?	JRED				
	2 Accident 3 Suicide 4 Homicide 5 Could not be determined 28e. PLACE OF INJURY — At home, farm, atreet, factory, office building, etc. (Specify) 28e. PLACE OF INJURY — At home, farm, atreet, factory, office City or Town, Siete) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, Siete)									
COMPLETED	29e. CERTIFIER (Check only one)  2   MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(a) end manner as stated.									
BE	Raymend 5	radohae	S. Mr. 1	10.	7) 008	73	≥ Qu	SIGNED (Month, Day, Year) M. 1.1 1990		
5	80. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF			minaton	Prive Si	180- 4	Parino Md.		
	JAN 2 4 1990 4	Le Davidson-Man	STATUTE		7 1	21.17 3	1461 9	111111111111111111111111111111111111111		

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within ans after death. Page 6 may be retained to THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.  IMPORTANT: If them 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified.
--

	1 - FOR STATE REGISTRAR	STATE OF MARYLAND /		OF HEALTH AND	MENTAL HYGIEN REG. NO	_	
	1. DECEDENT'S NAME (First, Mighle, Last)		Gree	N	2. DATE OF DEATH	> 2	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs. lesi	YRS. MONTHS	DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	19 0	BIRTHPLACE (State or Foreign Country)
ECTOR	98. FACILITY NAME (If not institution, give str  DEATON HISSOTT  RESIDENCE OF DECEDENT	al + Med Ch	96, CITY, 96, CITY,	TOWN OR LOCATION OF BU	EATH	OC COUNTY	more City
DIREC	10a. STATE 10b. COUNTY		10c. CITY, TOWN OF	Fmore			10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	10% STREET AND NUMBER 233/Linde	n Ave,		101. ZIP CODE 2/2/	7	10g. CITIZEN	of what country?
M M	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. ARM FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES	0 11	AS DECENDENT OF HISPAI yes, specify Cuben, Mexics YES 2 HO Specif	in, Puerto Rican, etc.)	s or No- 14.	RACE — American Indian, Black, White, etc. Specify:
PETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	completed) (Giv	DEDENT'S USUAL OCIVE kind of work done do Do NOT use retired.)		16b. KIND OF BU	SINESS/INDUST	RY
BE COM	17. FATHER'S NAME (First, Middle, Last)	Culler	9,-,,,,	10. MOTHER'S NA	AME (First, Middle, Maiden	Sumany)	e,
TO 8	190, INFORMANT'S NAME (FUDO/Print)  10 5 AD TOWN C. 7.	TE GREEN 1	MAILING ADDRESS	(Street and Number or Pural	Rough Number, City or Tow VE, BA	m, State, Zip Co	nd,21217
	26s. METHOD OF DISPOSITION 1 & Burlal 2 Cremation 3 Remo	ovel from State	of DISPOSITION INNE	on Ce	m B	A/18	my Co.
	DOSEPA A	* Ruso	2	222 W.N	ONTHAUSS A	C. BAI	159nd,21710
	23. PART I. Enter the diseases, or c ahock, or heart failure. I IMMEDIATE CAUSE (Final disease or condition resulting in dasth)	complications that caused the declist only one cause on each line.  Square one of the on	Call Can	the mode of dying, such			Approximate Interval Between Onset and Death 18 months
RTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	DUE TO (OR AS A CONSEC					
CERTIF	that initiated events resulting in death) LAST	1	OENCE OF):				
MEDICAL	PART II. Other aignificant conditions trasheostomy	a contributing to death but not re	eaulting in the unc	ferlying cause given in	Part I. 24a. WAS AP PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL.			26. PLACE OF OEATH (C/	neck only one)		
SIC	EXAMINER?  1 YES 2 NO	HOSPITAL: 1 Enpetient 2 ER/Outpetient 3	□ DOA 4 □ Nurs				
ВУ РН	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	26s. DATE OF INJURY (Month, Dey, Year)	26b. TIME OF INJURY M	28c. INJURY AT WORK?  1 YES 2 NO	26d. DESCRIBE HOW	INJURY OCCUR	ED
	3 Suicide 6 Could not be determined	28e. PLACE OF INJURY — At hor building, etc. (Specify)	me, farm, street, facto	ry, office	281. LOCATION (Street City or Town, State	and Number or i	Rural Route Number,
COMPLETED	2-21	CIAN: To the best of my knowledge, dea R: On the basis of examination and/or is					suse(s) and menner as stated.
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	V. 253		29c, LICENSE NU	MBER 7458	29d. DATE SI	GNED (Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO	O COMPLETED CAUSE OF DEATH (ITEM	M 27) (Type, Print)	J 5			1 11 10
	JAN 24 1990 Ju	32. REGISTRAR'S SIGNATURE					

-transit permit. Pages 1, 2, 3 should

	1 - FOR STATE REGISTRAR	STATE OF N	IARYLAND /	DEPAR					MENTAL	HYGIENE REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)	Elizabetl	1		GLE	ADAL	L		2. DATE O MONTH Janua	DAY	, 199	VEAR	3. TIME OF DEATH 3:15 P M
	4. SOCIAL SECURITY NUMBER 219-28-7050	5. SEX	6. AGE (In yrs. les	yas.	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS. MIN.		F BIRTH Day, Ybar) -11-06	1	Country	PLACE (State or Foreign
æ	9a. FACILITY NAME (If not institution, give				9b. CITY		R LOCATIO				9c. COUNT	Y OF D	EATN
CTO	Franklin Square		L		L		svil	le			Balt	1mo:	re County
DIRECTOR	Maryland Balti	•		10c. CIT	Y, TOWN C		on Ty H	all			10d. INSIDE CITY LIMITS? 1 YES 2 X NO		
	100. STREET AND NUMBER 4202 Necker Aven	2110				101	ZIP CODE				10g. CITIZE		HAT COUNTRY?
FUNERAL	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. AR	MED			ENDENT O	F HISPAN		(Specify Yee o	or No 1	USA 4. RACE	- American Indian,
ВУ	1 Never Merried 2 Merried  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	FORCES? 1	YES 2 1	NO			2 X NO		n, Puerto Ri	cen, etc.)		Specia	, White, etc.
TED	15. DECEDENT'S EOL (Specify only highest grade	completed)	(G	CEDENT'S live kind of Do NOT u	work done i			g	16b. I	KIND OF BUSI	NESS/INDU	STRY	
COMPLET	Elementary/Secondary (0-12) 7th grade	College (1-4 or 5 +	)	Retai		les			,	Vilma :	Shop		
	17. FATHER'S NAME (First, Middle, Last) William McLanaha	ın					16. MOTH	IER'S NA	ME (First, Mi	ddle, Maiden Si	umame) Sa.va	re-	
BE C	tes. INFORMANT'S NAME (Type/Print)	41	19							r, City or Town,	State, Zip C	Code)	
10	Wilford L. Glead	lall							ice L	eesbur		_	
	20e. METHOD OF OISPOSITION  1 □ Burlal XX Cremation 3 □ Ren  4 □ Donation 8 □ Other (Specify)	noval from State	20b. PLACE other pi	of Dispo lace) etro							timor		wn, State Maryland
21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAI							O ADDRES	S OF FA			V LLII O L	,	1102 / 20114
	Sauch Fameral Home 7401 Belair Rd. Balto., Md. 21236								21236				
	23. PART I. Enter the diseases, pr complications that caused the dehock, or heart failure. List only one cause on each line IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Pneumonia  Due to (or as a consec					the mo	as or ayı	ng, auc	n es cerdi	ac or respira	atory erre	st,	Approximete interval Between Onset and Death
CERTIFICATION	Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	c		CONSEQUENCE OF):									
SERI	resulting in deeth) LAST	d								<u> </u>			
PHYSICIAN: MEDICAL	Dehydration, Ul Alzheimer disea	cerative			in the ur	idertyln	g ceuse g	ni nevig		24a. WAS AN A PERFORM 1 YES 2	IED?	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
CIAN	25. WAS CASE REFERRED TO MEDICAL	иссенти.					ACE OF D	EATH (Ch	eck only one	)			
1XSI	EXAMINER? Y 1 YES 2 NO 27. MANNER OF DEATN	1 Dinpatient 2 D		DOA 28b. TIR	_			eldence	6 Other		#18W 0.00	1050	
BY P	1 X Natural 5 Pending 2 Accident Investigation	(Month, D			JURY		HRK?	NO	250, OE50	CRIBE NOW IN	JUHY OCCI	JHEU	
	3 Suicide 8 Could not be 4 Nomicide determined	28e. PLACE () building,	F INJURY — At he etc. (Specify)	ome, ferm,	street, fact	tory, offic	•			TION (Street an r Town, State)	nd Number o	or Rural I	Route Number,
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYINO PHYS	Carlo											o) end manner as stated,
BE	296. SIGNATURE AND TITLE OF CERTIFIE	manda	y mil				29c. LICE	ENSE NUI	MBER		29d. DATE	SIGNED	(Month, Day, Year) 21/90
2	30. NAME AND ADDRESS OF PERSON W Reynaldo Car	andang, M	D <sub>v</sub>			nk1	in So	quar	e Dri	ve		21	L237
		32. REGISTR											

comments the second sec

the burial-transit permit. Pages 1, 2, 3 should

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nouns after death. Page 6 may be maked by the TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be seen signed by the attending physician and completely filled in by the funeral director, page 5 shows the filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at on

31. DATE FILEP AN 24 1990

	1 - STATE REGISTRAR		STATE OF N	MARYLAN	D / DEPA					MENTA	L HYGIEN	E		
1	1. DECEDENT'S NAME (First,		LORES M	ARIE	G	ARRIS	SS				of DEATH 17-90 <sup>04</sup>	NY.	YEAR	3. TIME OF DEATH 1:30PM
	4. SOCIAL SECURITY NUMBER 235 – 22 – 3033	3	5. SEX 1 M 2 X F	6. AGE (In y	rs. lest birthday YRS.	MONTHS	DAYS	HOURS	MIN.	7-2	OF BIRTH h, Day, Year) 24-24		enn	sylvania
TOR	9a. FACILITY NAME (If not ins 7112 Harfor		d			Ba	iltir	nore	City	7		Sc. COUNT	TOPDI	EAIH
DIRECTOR	100. STATE Maryland	10b. COUNTY				TY, TOWN								10d. INSIDE CITY LIMITS? 1 X YES 2 NO
RAL	100. STREET AND NUMBER 7112 Harford	4 04			Du	101111	10	21234	_			U.S.		/HAT COUNTRY?
BY FUNERAL	11. MARITAL STATUS  1 Never Married 2 1  3 Widowed 4 Divor	Married	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2	2 X NO	13.	WAS DEC	ENDENT (	OF HISPAN	NIC ORIGIN? (Specify Yes or No— 14. RACE — Arr an, Puerto Rican, stc.)				
BE COMPLETED	15. DECE (Specify only Elementary/Secondary (0- Unknown	DENT'S EDUC. highest grade of	ATION completed) College (1-4 or 5		ia. DECEDENT (Give kind o life. Do NOT Homen	work done use retired.)	during me	ON ast of world	ng		Own Ho			
E CON	17. FATHER'S NAME (First, Mic James P. Sa								HER'S NA		Middle, Malden	Surname)		
TO B	19a. INFORMANT'S NAME (Ty. Norman Rock				1						g. Tow			21204
	20s. METHOD OF DISPOSITION  1 1 Surial 2 Cremation 3 Removal from State  4 Donation 5 Other (Specify)					OSITION (N	lame of ca	metery, crer	matory or		20c. LO	cation – ci kville	ty or To	wn, State
	21. SIGNATURE OF FUNERAL	SERVICE LICE	ENSEE OF THE PROPERTY OF THE P	4				nd addre Tows			al Home	a: Ing	204	
	23. PART I. Enter the disabook, or he IMMEDIATE CAUSE (Findlease or condition resulting in death)	art fallure. L	ARTERI	OSCLE	i line.	not ente	r the mo	de of dy	ing, suc	h aa cer	diac or reapi	ratory arres	ot,	Approximate interval Between Onset and Death
ATION	Sequentially list condition if any, leading to immediate. Enter UNDERLYIF	flate NG			ONSEQUENCE									
CERTIFICATION	CAUSE (Disease or Injust that initiated eventa resulting in death) LAS1		DUE TO	(OR AS A CO	ONSEQUENCE	OF):								
PHYSICIAN: MEDICAL C	PART II Other significate Chronic Chronic Schizoph	Obstru	contributing to	death but 1mona:	not resulting	in the u	nderlyin	g cause	given in	Part I.	24a. WAS AN PERFOR X X YES 2	MED?		WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?  X (X)XES 2 NO
SICIA	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:		- a [] Box	ОТНЕ	B.	XXX			ne) er (Specify)			
	27. MANNER OF DEATH  1 X Wetural 5 1	Pending	28a. DATE OF (Month, D	INJURY	28b. T	ME OF	28c. IN.	JURY AT	NO		SCRIBE HOW I	NJURY OCCL	PRED	
TED BY	3 Suicide 8 G	rivestigation  Could not be  setermined	28s. PLACE C building,	of INJURY — otc. (Specify)	At home, farm	, street, fa	ctory, offic		,	281. LOC City	CATION (Street of or Town, State)	and Number of	r Rural f	Route Number,
COMPLETED			CIAN: To the best of											i) and manner as stated.
TO BE C	290. SARRESTORE AND POSE	K	COMPLETED CAU	NO				29c. LIC	ENSE NUI OCME	MBER		29d. DATE	SIGNED 18-	(Month, Day, Year)

FRANK PERETTI, MD 111 Penn Street, Baltimore, MD 21201

32 AEGISTRADIS SIGNATURE Givia Davidson-Randall VC

the hospital or attending physician. detached for use as the burial-transit permit. Pages 1, 2, 3 should

MARYLAND 21203-3146

ITEMS:23 thru 28f per ME G-660 2-1-90 cm

90 01522

	1 - STATE REGISTRAR	OINIE OI I			ICATE				MENTA	REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)			4						E OF DEATH			TIME OF DEATH
	JAMES		C		HOT	LI	VS		мон <sup>1</sup>	TH DAY	1990	EAR	11:45 P M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. le	at birthday)	IF UNDER 1 Y	_	IF UNDER			OF BIRTH			NCE (State or Foreign
	218-74-0402	1 M 2 F	27	YRS.	MONTHS	AYS	HOURS	MIN.		129/62		Country)	MD
	9a. FACILITY NAME (If not institution, give at	reet and number)			9b. CITY, TO	WN O	R LOCATI	ON OF DE			9c. COUNTY	OF DEAT	
5	1109 N. Gay St.				1	22]+	timo	ro					
18	RESIDENCE OF DECEDENT					ж	LIIIQ	TC	_				
DIRECTOR	10a. STATE 10b. COUNTY			10c. CIT	Y, TOWN OR	LOCATI	ION					10	d. INSIDE CITY
	MD			В	<u>ALTIMO</u>	RE						1)	YES 2 NO
4	10e. STREET AND NUMBER					101.	ZIP COD				10g. CITIZEN	OF WHA	T COUNTRY?
ᇤ	1820 N. BETHEL S	TREET					212	213			U.S	SA	
FUNERAL	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. A							IN? (Specify Yea Rican, atc.)	or No- 14.	RACE -	American Indian, hite, atc.
BY F	1 Never Married 2 Married 3 Widowed 4 Divorced		MAR OR DATES	NO				Spec//y		rican, acc.j		Specify:	
												1	BLACK
E	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	(0	Give kind of	Work done dur			ing	18	b. KIND OF BUS	INESS/INDUS	TRY	
Ш	Elementary/Secondary (0-12)	College (1-4 or 5	+)	B. Do NOT u					١,	- D 1	UCTION		TALO
₹ 6	12th			LABO	RER					. B. J		CU.	, INC.
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	0								, Middle, Maiden S			
BE a	HORACE D. HOLLIN	2					KA	TIE	В.	WILL.	IAMS		
- 14	19a. INFORMANT'S NAME (Type/Print)									nber, City or Town	, State, Zip Co		
2	KATIE B. HOLLINS			1820	N. BE	HE	L ST	REET	/BAL	TIMORE	, MD	212	.3
	20a. METHOD OF DISPOSITION 1 December 1 Dece	ovel from State	20b. PLACE other p		SITION (Name	of cem	etery, crer	matory or		20c. LOC	ATION — City	or Town	State
Ē	4 Donation 5 Other (Specify)		GREE	NUOMN	T CREI	1AT	OR Y			BAL	TIMORE	M	)
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE			22. NA	ME AN	D ADDRE	SS OF FA	CILITY				
examiner must	► A ladim	1170			ЫM	C	МΔ	RCH	F/H	1101 E	NORT	НΔ\	/ENLIE
	23. PART I. Enter the diseases, or o	complications the	et coused the d	eath. Do	_				_				Approximete
	shock, or heart fellure.												Interval Between Onset and Death
event, me medical	IMMEDIATE CAUSE (Final disease or condition												Oliset and Desti
É	resulting in death)	s. ACUTE C	OMBINED OR AS A CONSE			AND	ALC	COHOL	, 1N'.	POX ICAT	10N		
			(on the A contact		. ,.								İ
CERTIFICATION	Sequentially list conditions,	DUE TO	(OR AS A CONSE	OVENCE O	F):								-
AT	If sny, leading to immediate cause. Enter UNDERLYING												l
TIFIC	CAUSE (Disease or Injury that initiated events	DUE TO	(OR AS A CONSE	OUENCE O	F):								1
E E	resulting in death) LAST												
		0											
<b>5 7</b>	PART II. Other significant condition	s contributing to	death but not	resulting	In the unde	riying	Ceuse	given in	Part I.	24a. WAS AN			ERE AUTOPSY FINDINGS ALLABLE PRIOR TO
										1 X YES 2	□ NO	CC	MPLETION OF CAUSE DEATH?
snows any													YES 2 NO
5 F													
						26. PL	ACE OF E	DEATH (Ch	eck only (	one)			
A	25. WAS CASE REFERRED TO MEDICAL				OTHER:								
SICIAI	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 🔀 YES 2 🗌 NO	HOSPITAL:	☐ ER/Outpatient	3 🗆 DOA		a Home	• 5 🗆 R	lesidence	6 12 Oth	ner (Specify)	scene		
HYSICIAI	EXAMINER?	1 Inpatient 2	F INJURY	28b. TIA	4 Nursin	Bc. INJI	URY AT	esidence		ner (Specify) EŞCRIBE HOW IN	SCENE	_	
arted, or item 23 snows any Y PHYSICIAN: MEDIC	EXAMINER?  1 N YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending	1 inpatient 2 26s. DATE Of (Month, i	F INJURY Day, Year)	28b. TIA	4 🗆 Nursin	Bc. INJI	URY AT	esidence	28d. Di	EŞCRIBE HOW IN		_	
B B	EXAMINER?  1 N YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation	1 Inpetient 2   26a. DATE Of (Month, i)   1 - 1 9   26a. PLACE (	FINJURY Day, 16ar)  OF INJURY — At h	28b. TIR	4 Nursin	Bc. INJI WO 1   Y	URY AT RK? res 2		28d. DI	ESCRIBE HOW IN	IJURY OCCUP	RED	
B B	EXAMINER?  1 New YES 2 NO  27. MANNER OF DEATH  1 New	1	FINJURY Ony, Year)  O DFINJURY — At h , etc. (Specify)	28b. TIR	4 Nursin	Bc. INJI WO 1   Y	URY AT RK? res 2		28d. Di 28f. LO Cit	ESCRIBE HOW IN  KNOWN  CATION (Street a by or Town, State)	IJURY OCCUP	RED Rural Rou [ GA)	STREET
Z8 18 man	EXAMINER?  1 New YES 2 NO  27. MANNER OF DEATH  1 New New Yes 2 No  2 Accident Investigation  3 Suicide 8 Could not be determined	1   Inpetient 2	FINJURY Day, Year)  9 ()  OF INJURY — At h, etc. (Specify)	28b. Till IN. some, farm,	4 Nursin  ME OF JURY  M street, factor	Be. INJI WO 1   Y	URY AT RK? /ES 2	⊠ио	28d. DO LINI 28f. LO Cit BALT	ESCRIBE HOW IN  KNOWN DCATION (Street a by or Town, State)  TIMORE (	nd Number or	RED Rural Rou MAR	
Z8 18 man	EXAMMER?  1 Nes 2 No  27. MANNER OF DEATH  1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined  29e. CERTIFIER (Check only 1 CERTIFYING PHYSI	1 Inpetient 2 Inpe	FINJURY Dey, Year)  OF INJURY — At h , etc. (Specify)	28b. Tilk IN.	4 Nursin  ME OF 2  JURY M street, factor	Bc. INJI WO 1  Y 1, office	URY AT RK? /ES 2	NO e, and due	28d. DO LINI 28f. LO Cit BALT	ESCRIBE HOW IN KNOWN DCATION (Street a by or Town, State) FIMORE ( sause(a) and man	nd Number or	RED Rural Rou MAR	STREET
Z8 18 man	EXAMINER?  1 Nes 2 No  27. MANNER OF DEATH  1 Netural 5 Pending Investigation  3 Suicide 8 Could not be determined  2 Homicide Check only 0ne)  2 MEDICAL EXAMINE	1 ☐ Inpetient 2 ☐  28e. DATE 0 ☐  (Month, I  1 — 1 —  28e. PLACE 6 building  HOUSE  CIAN: To the best of inserting the control of the contro	FINJURY Dey, Year)  OF INJURY — At h , etc. (Specify)	28b. Tilk IN.	4 Nursin  ME OF 2  JURY M street, factor	Bc. INJI WO 1  Y 1, office	URY AT RK? /ES 2	e, and due	28d. Di UNI 28f. LO Cit BALT to the c	ESCRIBE HOW IN KNOWN DCATION (Street a by or Town, State) FIMORE ( sause(a) and man	nd Number or	Rural Rou MAR	STREET LAND
Z8 18 man	EXAMMER?  1 Nes 2 No  27. MANNER OF DEATH  1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined  29e. CERTIFIER (Check only 1 CERTIFYING PHYSI	1 ☐ Inpetient 2 ☐  28e. DATE 0 ☐  (Month, I  1 — 1 —  28e. PLACE 6 building  HOUSE  CIAN: To the best of inserting the control of the contro	FINJURY Dey, Year)  OF INJURY — At h , etc. (Specify)	28b. Tilk IN.	4 Nursin  ME OF 2  JURY M street, factor	Bc. INJI WO 1  Y 1, office	URY AT RK? /ES 2	NO e, and due	28d. Di UNI 28f. LO Cit BALT to the c	ESCRIBE HOW IN KNOWN DCATION (Street a by or Town, State) FIMORE ( sause(a) and man	nd Number or 1 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Repaired Royal Roy	TAND
BE COMPLETED BY	EXAMINER?  1 NES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation  3 Suicide 8 Could not be determined  29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINE  29b. SIGNATURE ND TIME OF CERTIFUE	28e, DATE OF (Month, I)  28e, DATE OF (Month, I)  1-19- 28e, PLACE oulding HOLISE CIAN: To the best of R: On the basis of IR.	FINJURY Day, Year)  OF INJURY — At h of inj knowledge, d examination and/or	28b. TIN IN.	4 Nursin  RE OF 2:  JURY M 2:  street, factor  red at the tim on, in my opi	Bc. INJI WO 1  Y 1, office	URY AT RK? (ES 2) and place onth occur	e, and due	28d. Di UNI 28f. LO Cit BALT to the c	ESCRIBE HOW IN KNOWN DCATION (Street a by or Town, State) FIMORE ( sause(a) and man	nd Number or 1 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Rural Rou MAR	TAND
Z8 18 man	EXAMINER?  1 Nes 2 No  27. MANNER OF DEATH  1 Netural 5 Pending Investigation  3 Suicide 8 Could not be determined  2 Homicide Check only 0ne)  2 MEDICAL EXAMINE	28e. DATE OF (Month, I - 1 9 - 28e. PLACE obliding HOUSE CIAN: To the basis of CIAN: On the basis of COMPLETED CALL	FINJURY Day, Year)  OF INJURY — At h of inj knowledge, d examination and/or	28b. TIN IN.	4 Nursin  RE OF 2:  JURY M 2:  street, factor  red at the tim on, in my opi	Bc. INJI WO 1  Y 1, office	URY AT RK? (ES 2) and place onth occur	e, and dua	28d. Di UNI 28f. LO Cit BALT to the c	ESCRIBE HOW IN KNOWN DCATION (Street a by or Town, State) FIMORE ( sause(a) and man	nd Number or 1 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Repaired Royal Roy	TAND

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-frours after death. Page 6 in TO THE FUNERAL OR ATTENDING PHYSICIAN: The law signed by the attending physician and completely filled in by the funeral direction be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

JAN 24 1990

DHMH-16 Rev 1/89

DHMN-16 Ray 1/89

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funeral	hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	the so is marked or from 23 shows any injury or other fraumatic event the medical examiner
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	FOR STATE REGISTRAR	STATE OF MARYLAND /	DEPARTMENT OF H		ENTAL HYGIENE REG. NO.		
,	1. DECEOENT'S NAME (First, Middle, Last)	HALL			2. DATE OF OEATH DAY	90 YEAR	3. TIME OF CEATH
	212-52-9107	SEX 6. AGE (In yrs. lat	YRS. MONTHS DAYS	HOURS MIN.	Month, Day, Year 5/30/5	D M	ARY AND
стоя	90. FACILITY NAME (If not institution, give free free free free free free free fr	tsburg Av	e Turn	ers St	Atron	9c. COUNTY OF	DEATIN
DIRECTOR	MARYANA 106. COUNTY	V	TURNERS	STAT	70n		10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	100. STREET AND NUMBER	HS DURG	Ave	2/2	ي ا	US	WHAT COUNTRY?
ВУ	11. MapRTAL STATUS  1 Never Merried 2 Merried  3 Widowed 4 Divorced	FORCES? 1 YES 2 P		city Cuben, Mexicen,	ORIGIN? (Specify Yes Puerto Ricen, atc.)	or No— 14. RAG Ble Spe	CE — American Indien, ock, While, atc.
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade con Elementary/Secondary (0-12)	npleted) (C	ECEDENT'S USUAL OCCUPATIO Give kind of work done during mod e. Do NOT use retired.)		166. KIND OF BUS	Rn E	ketric
BE COM	17-FITHER'S NAME (First, Middle, Last)	All		18, MOTHER'S NAM	E (First, Middle, Maiden :	Cour	team
10	DANIE HAL	4	bb. MAILING ADDRESS Street a	ins D	RIVE ]	uRher	es Station
	20s. METNOD OF OISPOSITION  1  Surial 2  Cremation 3  Remove 4  Donation 5  Other (Specify)  21. SIGNA UNE OF FUNERAL SERVICE LICEN	from State	E OF DISPOSITION (Name of central party)	D ADDRESS OF FACI	1 2 20c. LOC	RDu T	Town, State
	· Slova ads	en me	Mire	shall	W. Imes	RAHE	21229
	23. PART I. Enter the diseases, or con shock, or heart failure. Lis IMMEDIATE CAUSE (Finel disease or condition	nplications that coused the dit only one cause on each lin	laeth. Do not anter the mo	da of dying, such	as cardiac or respi	retory srrest,	Approximate interval Batween Onset end Death
	resulting in death)	OUE TO (OR AS A CONSE	QUENCE OF:	menc	charac.	las	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CONSE	EOUTHER OF IS	ve can	6	beene	
ERTIFIC	CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSE	EOUENCE OF):				
CAL	PART II. Other significant conditions of	ontributing to deeth but not	resulting in the underlying	g ceuse given in P	Part I. 24s. WAS AN PERFOR	MED?	4b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF GEATH?
PHYSICIAN: MED					_		1 YES 2 NO
CIAI	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	IOSPITAL:	26. Pt	ACE OF OEATH (Chec	ck only one)		
IXSI		☐ Inpatient 2 ☐ ER/Outpatient  26e. DATE OF INJURY		_	Other (Specify)  28d. DEŞCRIBE NOW II	ILIEV OCCUPED	
BY PH	Natural 5 Pending Investigation	(Month, Day, Year)	M 1 🗆	PRK? YES 2 NO			
ETED	3 Suicide 6 Could not be 4 Nomicide determined	28e. PLACE OF INJURY — At h building, etc. (Specify)	iome, farm, street, factory, offic		281. LOCATION (Street a City or Town, State)	ind Number or Huri	il Houte Number,
COMPLET	CONTROL OF THE	N: To the best of my knowledge, of On the bests of examination end/or					e(e) and manner se stated.
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	n Orfonor	,M.D.	29c. LICENSE NUM	3 2	29d. DATE SIGN	ED (Month, Day, Year) 22-90
TO	30. NAME AND ADDRESS OF PERSON WHO O	OMPLETED ONUSE OF DEATH (IT		DUNE	ALKA	E, B	INLT. MD.
	31. DATE FILED (Month,, Day, Year)	32. REGISTRAR'S SIGNATURE	- /			,	21222

in drawfled for use as the burial-transit permit. Pages 1, 2, 3 should by the hospital or attending physician. BALTIMORE, MARYLAND 21203-3146 nours after death. Page 6 TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral direct be fleed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner may

JAN 24 1990

Deviden A SIGNATURE

Shirley J. Hale								ATE OF DEATH	AY	YEAR 90	3. TIME OF DEATH	
4. SOCIAL SECURITY NUMBER 216-36-6565	5. SEX	8. AGE (In yrs. Ins		IF UNDER 1 YE	AR IF UN	DER 24 HRS.	(M	TE OF BIRTH		8. BIRTH Counti	IPLACE (State or Foreign	
Se. FACILITY NAME (If not institution, give		47	mo.				9	/26/40	Va.			
	Total Control			9b. CITY, TO		ATION OF DI	EATH	ATH 9c. COUNT			TY OF DEATH	
912 S. Carey Str	reet			Balt	imore							
10a. STATE 10b. COUNT	TY		10c. CIT	Y, TOWN OR L	OCATION				10d. INSIDE CITY			
Md.			В	altimo	re				LIMITS?			
10e. STREET AND NUMBER					10f. ZIP C	ODE		10g. CITIZEN OF W			VHAT COUNTRY?	
912 S. Carey S	Street				21	223				US	A	
11. MARITAL STATUS		T EVER IN U.S. AR		13. WAS	DECENDEN	T OF HISPAI	NIC OR	IGIN? (Specify Yes	or No-	14. RACE	- American Indian,	
1 Never Married 2 Merried	IF YES, GIVE V	YES 2 X	Ю		YES 2 X			rto Rican, atc.)		Speci	k, White, etc.	
3 Wildowed 4 X Divorced										1	white	
15. DECEDENT'S EDI (Specify only highest gred		/G	ive kind of	USUAL OCCU	PATION g most of wo	rking		16b. KIND OF BU	SINESS/IN	DUSTRY		
Elementary/Secondary (0-12)	College (1-4 or 5	+) ilfo.		ee retired.)				_				
			Es	cort Driver Trans					-	atio	n	
17. FATHER'S NAME (First, Middle, Last)								st, Middle, Melden	2			
Jessie Atkins	3					Lilli	an	Wolfor	d			
				ILING ADDRESS (Street and Number or Rural Route Number, City or Town, S. Carey St., Balto., Md. 2								
Lillian B. Mulli		9	12 \$	. Care	y St.	, Bal	to.	, Md.	21223			
20e. METHOD OF DISPOSITION 1 & Burlai 2 Cremation 3 Removal from State  20b. PLACE OF DISPOSITION (Name of cemetery, crematory or other place)  20c. LOCATION — City or Town, other place)									wn, State			
4 © Donation 5 © Other (Specify)  Western Star Cemetery  21. SIGNATURE OF PUBLICAL SERVICE LICENSES  22. NAME AND ADDRESS OF FACILITY											Maryland	
23. PART I. Enter the diseases or ahock, or heart failure	r complications the	it caused the de	ath. Do	not anter the	95 Ma mode of	in St	ree	t, Elkr	idge Iratory ar	Md.	Approximata Interval Batwa	
IMMEDIATE CAUSE (Finel disease or condition	. / C.E.	punca	. /	allen	/						Jewis	
IMMEDIATE CAUSE (Finel	a Smell	OR AS A CONSECUTION AS	lu ounice o	CMU	er c	fro	nell	hal ali	leve	les	Juli	
IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	b. Smell Due to	(OR AS A CONSEC	DUENCE O	CMU					AUTOPSY		Jwh  Jwh  Jwh  Jwh  AMILABLE PRIOR TO	
Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	DUE TO	(OR AS A CONSECUTION OF AS	DUENCE O	CMU	lying caus	e given in	Part I	24s. WAS AN PERFOI	AUTOPSY		WERE AUTOPSY FINDIN AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant conditions.	DUE TO	(OR AS A CONSECTION OF A CONSECTION OF AS A CONSECT	DUENCE O	OTHER:	lying caus	e given in	Part I	24s. WAS AN PERFO	I AUTOPSY RMED? ? □ NO	24b	Jewil James Autopsy Finding Amalable Prior to Completion of Cause of Death?	
IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant conditions are supported by the conditions of the co	DUE TO   (OR AS A CONSECTION OF A CONSECTION OF AS A CONSECT	DUENCE O	OTHER:  OTHER:  OTHER:  OURY  M  1	its, PLACE O Home 5/ L. INJURY AL WORK?	e given in	Part I	24a. WAS AN PERFOI 1 YES 1	AUTOPSY NMED?	24b	Jwl  Jwl  Jwl  Jwl  Jwest Autopsy Findin Amalable Prior to Completion of Causi Of Death?  1 yes 2 no		

To the control of the

he hos	detachi	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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etaine	shou	otifie
y be	sage 5	pe n
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death	funer	ехаш
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Meurs	ed in	med
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e pe	sician prior to	traun
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach has been within the State Deen of Health and Memail Hotelete bitlor to build; cremation or removal	M.

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI			MENTAL HYGIEN		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH
	REGINA C. JURMA	(N					9 19	90 10:50 P M
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (	,	F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8,1	BIRTHPLACE (State or Foreign Country)
	214-42-4892 Se. FACILITY NAME (If not institution, give str	1 M 2 F 8	5 YRS.	b. CITY. TOWN O	HOURS MIN.	DEC. 29,		1ARYLAND
DIRECTOR	INNS OF EVERGREE				LTIMORE			
E C	10e. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOCAT	ION			10d. IHSIDE CITY
PIG	MARYLAND			BALTIM				1 YES 2 NO
RAI	100. STREET AND NUMBER			101.	ZIP CODE		1.2.	OF WHAT COUNTRY?
FUNERAL	4604 MAINE AVE.	12. WAS DECEDENT EVER IN	IIIS ARMED	12 WAS DEC	21207	NC ORIGIN? (Specify Ye	U.S.	RACE — American Indian,
BY FL	1 Never Married 2 Merried 3 Widowed 4 Divorced	FORCES? 1 YES	2 X NO	If yes, spe		n, Puerto Ricen, etc.)	or no-	Black, White, etc. Specify: WHITE
9	15. DECEDENT'S EDUC		16a. DECEDENT'S US	BUAL OCCUPATION	N	16b. KIND OF BU	SINESS/INOUST	RY
COMPLETED	(Specify only highest grade ( Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use i	k done during mo: etired.)	st or working			
MP	12		HOUSEW	IFE				
00	17. FATHER'S NAME (First, Middle, Last)	1				ME (First, Middle, Maider	Surname)	
BE	EDWARD CALLAHA	N				JRA MUNN		
2	19a. INFORMANT'S HAME (Type/Print)					Route Number, City or Tox		
	EDWARD T. WARD		. PLACE OF DISPOSIT			BALTIMORE		214
	1 M Buriel 2 Cremellon 3 Remo	oval from State	other place) NEW CATHED		23/90		LTIMOR	
	21. SIGNATURE OF FUNERAL SERVICE LIC				D ADDRESS OF FA	CILITY BALTIM	ORE MD	21214
	DENNIS CAPITA	inu	-	LEON	ARD J. R	HCK INC	5305 H	ARFORD RD.
	23. PART I, Enter the diseases, or c	omplications that ceuses	the deeth. Do not					Approximate
J	enock, or neart reliura. I	List only one ceuse on e	ech line.	0	21		/	Interval Between Onset and Death
İ	disease or condition resulting in death)	Reh	so tom.	Congre	time /2	ent to	ilure	24hm
	CONTRACTOR I	7) DUE TO JOHAN A	CONSEQUENCE OF):	00	1.	ent Ja	) ~	
NO	Sequentially flat conditions,	Fesperienary	CONSEQUENCE OF):	elisabe	Cardior	oscular 4	rous.	year
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	Or and the last	consequence or j.					P
FIC	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS /	COHSEQUENCE OF):					
E	resulting in deeth) LAST	4						
	PART II Other significant condition	a contribution to death h		Ab a sua dashidas		Part I. 24s. WAS A		24b. WERE AUTOPSY FINDINGS
SP	Real It	1		the underlying	ceuse given in	PERFO	RMED?	AMILABLE PRIOR TO COMPLETION OF CAUSE
MEDI	Radia thin	Mumbosi	1 /			1 TES	2 🗹 NO	OF DEATH?
Σ	- neurical ico	many hard	difection	3 .				1 TYES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL	U		26 PI	ACE OF DEATH (Ch	neck anty anni		L
SICI	EXAMINER? 1 YES 2 HO	HOSPITAL:		OTHER:		6 Other (Specify)		
H	27. MANNER OF DEATH	26e. DATE OF IHJURY	26b, TIME	OF 28c. INJ	URY AT	28d. DESCRIBE HOW	INJURY OCCUP	ED
	1 Natural 5 Pending	(Month, Day, Year)	INJUI		RK7 (ES 2 HO			
) BY	2 Accident investigation 3 Suicide 8 Could not be	28e. PLACE OF IHJURY	— Al home, farm, str	eet, factory, offic		281. LOCATION (Stree		Rural Floute Number,
E	4 Homicide determined	building, etc. (Spec	City)			City or Town, State	,	
COMPLETED	29e. CERTIFIER (Check only 1 E CERTIFYING PHYSIC	CIAH: To the best of my know	riedge, death occurred	at the time, date	end place, and due	to the cause(s) and m	nner se stated.	
OM	one)	R: On the basis of examination	n end/or investigation,	In my opinion, d	eath occured at the	time, date and piece,	and due to the c	suse(s) and menner as stated.
	296. SIGNATURE AND TITLE OF CERTIFIER				29c. LICEHSE HU	MBER	29d, DATE S	IGNED (Month, Day, Year)
H	aller B Bra	ellen ME	>		D 00	426	▶ //.	22/90
9	30. NAME AND ADDRESS OF PERSON WHO							
	Albert B. Bradl	ev. M.D., 49	00 Belair	Rd B	alto N	4d 21206		
- 1	JAN 24 1990	32. DEGISTRAP'S SIGH		11.01.3	dico., i	id. Eleot		

(0)

	1 - STATE REGISTRAR	STATE UF I	MARYLAND / CE			OF D			MENIAL HYGI REG. (				
	1. DECEDENT'S NAME (First, Middle, Last)							T	2. DATE OF OEATH	-		3. TIME OF DEATH	
	JOSEPH L. KEILHO	OLTZ							MONTH 0	DAY 22	YEAR	2350 M	
- 4	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last	birthday)	IF UNDER	1 YEAR   IF	UNDER 2	4 HRS.	7. DATE OF BIRTH	-		PLACE (State or Foreign	
	184-22-8100	1 X M 2 - F	90	YRS.	MONTHS	DAYS HO	URS	MIN.	3/26/18	99	Mar	vland	
	9a. FACILITY NAME (If not institution, give	street and number)			9b. CITY,	TOWN OR LO	OCATIO	N OF DE			INTY OF D	/	
R	St. Agnes Hospit	tal .			R:	altimo	re						
DIRECTOR	RESIDENCE OF DECEDENT					TICIMO	TE						
R	10a. STATE 10b. COUNT	r <b>y</b>		10c. CIT	TY, TOWN O	R LOCATION					10d. INSIDE CITY		
ā	Maryland			Ва	ltimo	ore					17 YES 2 NO		
FUNERAL	10e. STREET AND NUMBER					10f, ZIP	COOE			10g. CIT	10g. CITIZEN OF WHAT COUNTRY?		
ᇤ	351 Marydell Roa	ad				2	2122	29		U	S.A		
5	11. MARITAL STATUS		T EVER IN U.S. ARM		13. V	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No- 14. RACE						American Indian,	
ВУ	1 Never Merried 2 Merried 3 Widowed 4 Divorced		MAR OR DATES	•		If yes, specify Cuben, Mexicen, Puerto Ricen, atc.)  Black, White,  1 TYES 2 NO Specify: Specify:							
		1				Whi						White	
TED	15. DECEDENT'S EDI (Specify only highest grad	JCATION le completed)	(Gh	re kind of	work done d	CUPATION furing most of	working		16b. KINO OF	BUSINESS/IN	DUSTRY		
7	Elementary/Secondary (0-12)	College (1-4 or 5	+)		,	retired.)							
COMPLET	8th grade 17. FATHER'S NAME (First, Middle, Lest)		In	sura	nce A						nsur	ance Co.	
8						18.			ME (First, Middle, Mai	den Sumame)			
8	Justis Keilholt	Z Z						-	yons				
2	19a. INFORMANT'S NAME (Type/Print)								loute Number, City or				
	Edith M. Keilhol	Ltz							Baltimor				
	1 XBurial 2 Cremation 3 Ren	noval from Stata	other pla	Ce)		4 (Name of cemetery, cremetery or 20c. LOCATION — City or Town, State							
	4 Donation 5 Other (Specify)	10511055	Loudo	n Pa		emeter				ltimor	e, M	aryland	
									al Home,	Inc.			
	Terris (.)	m. 21							Ave. Ba		e. Me	d. 21229	
	23. PART I. Enter the diseases, or shock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	. List only one ca	The My OR AS A CONSEC			the mode (	of dyln	g, such	n aa cardlac or re	apiratory a	rrest,	Approximata Interval Between Onset and Death	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	C	O (OR AS A CONSEO										
	PART II. Other algnificant condition	na contributing to	death but not re	neulting.	in the res	dedulna ca	urae al	unn In I	Bart I Dia uno	AN AUTOPSY	1 045	WERE AUTOPSY FINDINGS	
DICAL	cardial arm	Lathenas	ALA	sauting	III GIE GII	derlying ca	iuse gi	AOU III	PER	FORMED?	240.	AMAILABLE PRIOR TO COMPLETION OF CAUSE	
ā	the section has the	1 a back	1						1 YES	2 0000		OF DEATH?	
2	twom popl	2 CONTO	2						_	,		1 TES 2 NO	
AN	25. WAS CASE REFERRED TO MEDICAL												
PHYSICIAN: MEI	EXAMINER?	HOSPITAL:			OTHER		OF DE	ATN (Che	ick only one)				
Ι×S	1 YES 2 NO 27. MANNER OF DEATH		☐ ER/Outpetient 3		-			idence	6 Other (Specify)				
ВУ РН	1 Natural 5 Pending 2 Accident Investigation		P INJURY Day, Year)	28b. Till IN	JURY M	28c. INJURY WORK? 1 YES		NO	28d. DESCRIBE NO	W INJURY O	CCURED		
									Route Number,				
COMPLETED	29a. CERTIFIER (Check only one)  2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the tima, date and place, and due to the cause(a) and manner as stated.									) and manner as stated.			
U U	29b. SIGNATURE AND TITLE OF CERTIFIE	ER				29	c. LICER	VSE NUM	IBER	29d. DA	TE SIGNED	(Mgnth, Day, Year)	
TO BE	Alu MD									<b>&gt;</b>	1/22	90	
	30. NAME AND ADDRESS OF PERSON W	@Acel	900 Cast	on	e, Print)		Bul	1	MD 21	229			
	31. DATE FILED (Month, Day, Year)  . IAN 2 4 1990 4		AR'S SIGNATURE										
	JAN 64 1330 9	The Street Street	100										

reurs after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21203-3146 TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit p be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

OHMH-16 Rev 1/89

BALTIMORE, MARYLAND 21203-3146	law requires that the death certificate be executed within curs after feath. Page if may be retained by the hospital or attending physician.	is been signed by the attending physician and completely filled in by tife funder occide, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should begin or Health and Mental Hyglene prior to burial, cremation, or removal.
BA	ther de	9 = 0 5 = 0
	Surs at	d in by or rem
146,	rted within	completely filled
13	e execu	to but
80	cate be	ohysicia e prior
P.0.	eath certifi	attending I
. RECORDS, P.O. BOX 13146,	uires that the d	signed by the Health and Men
Œ	red	Deen .

	FOR 1 - STATE REGISTRAR		STATE OF I		D / DEPAR CERTIF					ENTAL HYGIE		9	0 01527
	1. DECEDENT'S NAME (Firs		Koppelma		<u>OLITTI</u>	IOAIL		DEATT	_	2. DATE OF OEATH	DAY	YEAR	3. TIME OF OEATH
								1	_		.9	90	M
	4. SOCIAL SECURITY NUM 220-09-1		5. SEX	5. AGE (In yrs	B YRS.	IF UNDER	1 YEAR DAYS	HOURS I	HRS.	7. DATE OF BIRTH (Month, Day, Year) 3-31-21		Cour	THPLACE (State or Foreign ryland
	Se. FACILITY NAME (If not i	institution, give a	street and number)			9b. CITY, TOWN OR LOCATION OF DEA				EATH 9c. COUNTY			
	6209 Ham	ilton						ssvil			Baltimore		
	RESIDENCE OF DE	10b. COUNT			I 40 .00	CITY, TOWN OR LOCATION							
	Maryland	1031 0000	ltimore		10c. CI	IT, IOWN C		ossvi	lle			10d. INSIDE CITY LIMITS?  1 YES 2 X NO	
	10a. STREET AND NUMBER	1					10	. ZIP CODE			10g. CI	TIZEN OF	WHAT COUNTRY?
	6209 Ham	ilton						2123	7			US.	A
5	11. MARITAL STATUS		12. WAS OECEDER		ARMEO	13.	WAS DEC	ENDENT OF	HISPANI	C ORIGIN? (Specify	fea or No-	14. RAG	CE — American Indian, ick, White, etc.
	1 Never Married 2 2 3 Widowed 4 Div		FORCES?	MAR OR DATES	□no W 11			NO		Puerto Rican, etc.)			White
	15. DE	CEDENT'S EDU	ICATION	164	. DECEDENT'S	LIISHAL O	CCLIBATIO	DN .		18b. KIND OF E	HIGHNESS /IN	IDIISTRY	
	(Specify on Elementary/Secondary	ly highest gred	completed) College (1-4 or 8		(Give kind of life. Do NOT u	work done	during mo	el of working		IOD, KIND OF E	USINESS/IF	*DOSTRI	
	6th grade	, , ,			etCa	rpen	ter	Const	.Su	p. J. R.	Azola	a Co	•
5	17. FATHER'B NAME (First,	Middle, Leat)						16. MOTHER	R'S NAM	E (First, Middle, Maid	en Surname)		
	William H.	Koppe	elman, Sr					Kat	her	ine Schwa	artz		
	19a. INFORMANT'S NAME	-			19b. MAILIN	G ADDRESS	S (Street a	and Number or	Rural Ro	oute Number, City or 1	own, State, 2	Zip Code)	
-	Mrs. Bar	bara ;	J. Spring		130	Sunr	ise	Dr. E	dis	on, N. J.	088	17	
	20a. METHOD OF DISPOSI				ACE OF DISPO						LOCATION -		Town, State
	Burial 2 Cremet		noval from State	om	er place) Pal						Baltimore, Maryland		
	21. SIGNATURE OF FUNER	AL SERVICE LI	ICENSEE	(					-			,	
	1-1000	.1.) 5	Zunerel	1) Hon	45.	22. NAME AND ARRIVE FUNDE TAU Home 7401 Belair Rd. Balto., Md. 21236							21236
4	- great					401 Belair Rd. Baito., Md. 21236 eath. Do not enter the mode of dying, such as cardiac or respiratory arrest, Appro							21270
	IMMEDIATE CAUSE (Fi disease or condition resulting in death)  Sequentielly list condi if eny, leeding to immeduse. Enter UNDERLY CAUSE (Disease or In)	inei	b	O (OR AS A CO	NSEQUENCE (	OF):	me	solhe	leer	na			Interval Between Onset and Death
	that initisted events resulting in deeth) LA	ST	d	O (OR AS A CO	NSEQUENCE (	OF):							
יייייייייייייייייייייייייייייייייייייי	PART II. Other algorific		Any	11		In the u	nderlyin	g cause glv	ven in F		ORMED?	Y 24	4b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
i	25. WAS CASE REFERRED	TO MEDICAL					20 P	LACE OF DEA	TH (Ch.	ok oak onel			
SICIOIS	EXAMINER?	TO MEDICAL	HOSPITAL:	C enc.		OTHE	R:	17	-				· · · · · · · · · · · · · · · · · · ·
2	27. MANNER OF DEATH		1 Inpatient 2		28b, TI	1		JURY AT	dence (	28d. DESCRIBE HO	A IN HIPS A	ACCUMENT.	
	-1°	Pending		Day, Year)		ME OF JURY M	W	JURY AT DRK? YES 2 []	NO	zea. DESCRIBE HO	W INJUNT O	CCUREO	
5	2 Accident 3 Suicide	Investigation	26e, PLACE	OF INJURY —	Al home, farm	street, fen			-	28f. LOCATION (Street	et and Numi	ber or Run	al Route Number.
	4 Homicide	Could not be datermined		, etc. (Specify)			,			City or Town, St.	(Street and Number or Rural Route Number, n, State)		
COMPLE	CONDON ONLY					to the cause(s) and lime, date and place,			e(s) and manner se stated.				
296. SIGNATURE AND TITLE OF CERTIFIER							29c. LICEN	SE NUM	BER 7	29d, D/	ATE SIGN	2 2 / 90	
2	30, NAME AND ADDRESS	OF PERSON W	HO COMPLETED CA	USE OF DEATH		oe, Print)	L11	1 80	TUA	HRE DA	21VE	ľ	21237
	31. DATE FILED (Month, De	( Year)	32. REGISTE	AB'S SIGNATU	1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		3.		- J.	.,-0	7	2.03
	JAN 24 1990 gute fairden proper												

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

21203-3146

BALTIMORE, MAJ

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

STATE	0F	MARYLAND / DEPARTMENT	0F	HEALTH	AND	MENTAL	HYGIENE
		CERTIFICATE	0	F DEAT	TH		REG. NO.

1 - STATE REGISTRAR	STATE OF MARYLAI	ND / DEPARTI			MENTAL	HYGIENI REG. NO.			
1. DECEDENT'S NAME (First, Middle, Lest) FANNE	KRITT				2. DATE O		1,19	EAR 3.	TIME OF DEATH  5 A M
4. SOCIAL SECURITY NUMBER 216-56-6359	5. SEX 6. AGE (In		F UNDER 1 YEAR DNTHS DAYS	IF UNDER 24 HRS. HOURS MIN.		F BIRTH Day, Year)	8.	Country)	ACE (State or Foreign
9e. FACILITY NAME (If not institution, give s	· ·	9		R LOCATION OF DE	EATN		9c. COUNTY		
SETON HILL MANOR	NURSING HOME		BALT	IMORE					
10a. STATE 10b. COUNT	Y	10c. CITY, 1	TOWN OR LOCAT	ON				10	d. INSIDE CITY LIMITS?
MARYLAND  100. STREET AND NUMBER			BALTIMO 101.	RE ZIP CODE			10g. CITIZE		YES 2 NO
5443 JONOUTE AV	/F			2121	5		US	Δ	
11. MARITAL STATUS  1 Never Married 2 Merried  3 Widowed 4 Divorced	12. WAS DECEOENT EVER IN L FORCES? 1 _ YES IF YES, GIVE WAR OR DATE	2 NO	If yes, spe	NDENT OF HISPAN city Cuban, Mexica 2 2 NO Specify	n, Puerto R			Black, V	American Indian, thite, etc.
15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		8a. DECEDENT'S US (Give kind of won life. Do NOT use n	SUAL OCCUPATION to done during most optimal.)	N 1 of working	16b.	NON		TRY	
17. FATHER'S NAME (First, Middle, Last)		NONE		16. MOTHER'S NA	MF (First M			-	
UNKNOWN KRITT					UNI	KNOWN			
190. INFORMANT'S NAME (Type/Print) BRENDA BUCK			FRANKL	IN ST.		or, City or Town		212(	01
24 METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 Rem	20b. F coval from State	PLACE OF DISPOSITI	ION (Name of cen	etery, cremetory or		20c. LO	CATION CIT	y or Town	, State
4 Donation 5 Other (Specify)  21. SIGNATURE OF UNERAL SERVICE LIC	CENSEE / OO	CHIZUK	AMUNO 22. NAME AN	D ADDRESS OF FA	CILITY	BA	LTIMO	RE, I	4D
1,000	L. Alteller	May 1	SOL	LEVINSO	N & I	BROS.,	INC.		
iMMEDIATE CAUSE (Final disease or condition resulting in daeth)  Sequentially list conditions, if any, isading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	B. DUE TO (OR AS A C	ONSEQUENCE OF):	an	er					interval Between Onset and Death
resulting in death) LAST	d								
PART II. Other significant condition	is contributing to death but	not resulting in	the underlying	cause given in	Part i.	24e. WAS AN PERFOR 1 YES 2	MED?	Ci Oi	ERE AUTOPSY FINDINGS MILABLE PRIOR TO DMPLETION OF CAUSE F DEATH?  YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?				ACE OF DEATH (Ch	eck only one	)			
1 VES 2 AO	HOSPITAL: 1   Inpetient 2   ER/Outpet	lent 3 DOA 4	Nursing Hom	5 🗆 Rasidence	5 🗆 Other	(Specify)			
27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	286. TIME (	YY WO	JRY AT RK? ES 2 NO	28d. DE\$	CRIBE NOW II	NJURY OCCU	RED	
3 Suicide 6 Could not be 4 Homicide determined	28a. PLACE OF INJURY - building, atc. (Specify	- At home, ferm, atre	eet, factory, office			TION (Street or Town, State)	and Number or	Rurel Rou	te Number,
anal O	SICIAN: To the best of my knowled								nd menner as stated.
29b. SIGNATURE AND TITLE OF CERTIFIE				29c. LICENSE NUI			29d. DATE S		
30. NAME AND ADDRESS OF PERSON WE	NO COMPLETED CAUSE OF DEAT	H (ITEM 27) (1706, P)	TIME)	1 War	100	RIN	2,001	, [	2071061
31. DATE FILEO (Month, Day, Year)	32. REGISTRAR'S SIGNAT	TURE	7	0.000	ULF	1200		- 1	00000
JAN 24 1990 gu	La Mariden Books	02							DHMH-16 Rev 1/8

1	-	STATE REGISTR	A
	1. D	ECEDENT'S	N

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Willia	m Tr T	Lednum				2. DATE OF	DEATH DAY	90 YEAR	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER	S. SEX	6. AGE (In yrs. les	at hirthrian)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF	вюты		RTHPLACE (State or Foreign
216-18-9058	1-√ M 2 □ F	80	YRS.	MONTHS DAYS	HOURS MIN.	(Month, 5 2-(	9-8x	08 0	ARYLAND
99. FACILITY NAME (If not Institution, give a  16 Five Fr RESIDENCE OF DECEDENT		oad			isbury	EATH		9c. COUNTY O	
10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION									10d, INSIDE CITY LIMITS?
J. J. J. J. J. J. J. J. J. J. J. J. J. J							1 YES 2 NO		
100. STREET AND NUMBER  101. ZIP CODE  102. CITIZEN OF WHAT  104. STREET AND NUMBER  105. CITIZEN OF WHAT  106. STREET AND NUMBER  107. ZIP CODE  108. CITIZEN OF WHAT									
11. MARITAL STATUS	12. WAS DECEDE	NT EVER IN U.S. AF		13. WAS DEC					ACE — American Indian, leck, White, etc.
1 Never-Married 2 Morried 3 Widowed 4 Divorced		WAR OR DATES			2 NO Speci		wii, 016.)		"White
15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	(G	iive kind of w	USUAL OCCUPATH		16b. Ki	IND OF BUSI	NESS/INDUSTR	
(Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5 +)  (Give kind of work done during most of working life. Do NOT use retired.)									
17. FATHER'S NAME (First, Middle, Last)  18. MOTHER'S NAME (First, Middle, Maiden Surname)									
19e. INFORMANT'S NAME (Type/Print)  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zio Code)									
	spouse)				RS RD.,				
20a. METHOD OF DISPOSITION 1 Buriel 2 Cremetion 3 Rem 4 Ponation 5 Other (Specify)			OF DISPOS		metery, crematory or		7	ATION City o	
21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE		91)	22, NAME A	ND ADDRESS OF F	ACILITY			
y tandul	Michael	1-22-	10	STATI	E ANATOM	Y BOAR	D, BA	LTO., N	4D. 21201
IMMEDIATE CALIGE (Final	List only one ca	iuse on aech line	eth, Do n	ot anter the mo	ode of dying, su	ch aa cardia	c or respire	atory arreat,	
iMMEDIATE CAUSE (Final disease or condition resulting in death)	Arten	rioscle	roti	c Card					intarvai Betw
disease or condition resulting in death)  Sequentielly list conditions, if any, leading to immediate	Arter	rioscle	roti quence of	c Card					intarval Betw
disease or condition resulting in death)  Sequentielly list conditions,	Arter	rioscle	roti quence of quence of	c Card					Approximata interval Betwo Onset and De
disease or condition resulting in death)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	Arter  a. Arter  DUE TO  C. DUE TO  d.	CIOSCLE O (OR AS A CONSE O (OR AS A CONSE O (OR AS A CONSE	TOTI QUENCE OF QUENCE OF	c Card	iovascu	ılar :		ASE	Interval Betw Onset and Di
disease or condition resulting in death)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	Arter  a. Arter  DUE TO  C. DUE TO  d.	CIOSCLE O (OR AS A CONSE O (OR AS A CONSE O (OR AS A CONSE	TOTI QUENCE OF QUENCE OF	c Card	iovascu	lar 1	Disea	ASE	Interval Betw Onset and Di
disease or condition resulting in death)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	Arter  a. Arter  DUE TO  C. DUE TO  d.	CIOSCLE O (OR AS A CONSE O (OR AS A CONSE O (OR AS A CONSE	TOTI QUENCE OF QUENCE OF	c Card ): ): n the underlyin	iovascu	Parti. 2	Disea	ASE	24b. WERE AUTOPSY FRIDIN ANILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?
disease or condition resulting in death)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST	Arten  DUE TO  C. DUE TO  d. HOSPITAL:	CIOSCLE O (OR AS A CONSE O (OR AS A CONSE O (OR AS A CONSE	TOTI  DUENCE OF  QUENCE OF  resulting in	c Card ): ): n the underlyin  26. Pi	iovascu	Part I. 2.	Dises	ASE	Intarval Betw Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do
disease or condition resulting in death)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?	Arter  a. Arter  DUE TO  c. DUE TO  d. HOSPITAL:  1   inpetient 2	PIOSCLE O (OR AS A CONSE	TOTI  DUENCE OF  QUENCE OF  resulting in	C Card  C C Card  C C Card  C C Card  C C Card  C C Card  C C Card  C C Card  C C Card  C C Card  C C Card  C C Card  C C Card  C C Card  C C Card  C C Card  C C Card	Cause given in the state of DEATH (Come 5 & Residence DURY AT DIRK?	Part I. 2.	Dises  4a. WAS AN A PERFORM  VES 2	ASE	Interval Betw Onset and Do  24b. WERE AUTOPSY FINDI AVAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?  1 YES 2 NO
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Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that inkleted events resulting in death) LAST  PART II. Other aignificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?	Arter  Due To   CIOSCLE O (OR AS A CONSE  TOTI QUENCE OF  QUENCE OF  QUENCE OF  reaulting in  26b. Time INJI  26b. Time INJI  26b. Time Rath occurre	C Card  (c):  (c):  (d):  26. Pi  26. IN.  (d):	g cause given in	Part I. 2.  1 Pert I. 2.  1 Other (: 28d, DESC! 281, LOCATI City or 28d, date en time, date en	4s. WAS AN A PERFORM YES 2	JURY OCCURET	Interval Betw Onset and Dr  24b. WERE AUTOPSY FINDI AMILIABLE PRIOR TO COMPLETION OF CAUS OF DEATH?  1 YES 2 NO		
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Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that inkleted events resulting in death) LAST  PART II. Other aignificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?	Artej  DUE TO   CIOSCLE O (OR AS A CONSE  TOTI QUENCE OF  QUENCE OF  QUENCE OF  reaulting in  20b. Time Investigation  Duty  M 27) (Type,	C Card.  C C	g cause given in  LACE OF DEATH (Come 5 Aresidence  JURY AT DRK7 YES 2 NO  e and place, and du death occurred at the	Part I. 2.  1 Part I. 2.  2 Description of the cause a time, date en	4s. WAS AN AN PERFORM VES 2	JURY OCCURET  JURY OCCURET  Ind Number or Ru  Iner es stated,  due to the cau-	Interval Betw Onset and Dr  24b. WERE AUTOPSY FINDI AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?  1 YES 2 NO  NO  rel Route Number,  se(e) and manner se state		

tal or attending physician. D 21203-3146 BALTIMORE, MARYE TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a working after death. Page 6 may be ret TO THE FUNERAL DIRECTION. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 s be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burital, cremation, or removal.

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

IMPORTANT: If teem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notifi

DHMH-16 Rev 1/89

	2-10-90 CIII	STATE OF MARYLAND / DEPARTMENT OF HEALTH												
	1 - FOR STATE REGISTRAR	STATE OF I		/ DEPAR ERTIF					IENTA	REG. NO.	E			
- 1	DECEDENT'S NAME (First, Middle, Last)  Ru	dolph		M	loore	, J	r.			E OF DEATH TH 18-90	Y Y	EAR	3. TIME OF DEATN 2:02PM M	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. I		IF UNDER		IF UNDER	24 HBS		E OF BIRTH		BIRTH	PLACE (State or Foreign	
	212-44-8543	1 🔀 M 2 🗆 F	43	YRS.	MONTHS	DAYS	HOURS	MIN.	(Mor	th, Day, Year) 127/46		Country	MD	
	9a. FACILITY NAME (If not institution, give st				96. CITY	TOWN C	R LOCATI	ON OF DE	ATN		9c. COUNTY OF DEATH			
OR	JOHNS HOPKINS H	OSPITAL			В	ALTI	MORE	CIT	Y					
ទួ	RESIDENCE OF DECEDENT  10a, STATE 10b, COUNTY						ION					Т	10d. INSIDE CITY	
DIRECTOR	MD					RE							LIMITS?	
	100. STREET AND NUMBER			10,10	121101		. ZIP COD	E			10g. CITIZEI	N OF W	HAT COUNTRY?	
FUNERAL	2605 E. BIDDLE S	TREET						2120!	5		US	SA		
5	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S.	ARMED						IN? (Specify Yea Rican, atc.)	or No 14	. RACE	- American Indian, White, etc.	
ВУ	1 Never Married 2 X Married 3 Widowed 4 Diverced		MAR OR DATES					Specify:		, , , , , , , , , , , , , , , , , , , ,		Specif	fy:	
ED	15. DECEDENT'S EOU	CATION	16a. C	DECEDENT'S	USUAL O	CCUPATIO	ON		16	b. KIND OF BUS	INESS/INDUS	TRY	BLACK	
ETE	(Speally only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5		(Give kind of life. Do NOT u	work done se retired.)	during mo	at of worki	ng						
COMPLET	11th			RAIN	OPER	ATOR	}			N	ΙΑ			
SO	17. FATHER'S NAME (First, Middle, Last)	,					18. MOT	HER'S NAM	AE (First,	, Middle, Maiden	Surname)			
BE (	RUDOLPH MOORE,	SR.					(-	RACE	S	TEWART				
10	19a. INFORMANT'S NAME (Type/Print)									mber, City or Town	n, State, Zip Co	ode)		
	LONNIE L. MOORE		205 BLAC	2712 E OF DISPO					TIM					
	1 Buriel 2 Cremation 3 Remo	oval from Stata	BALT	IMORE	CEM	ETER	лениу, слен Ц	natory or			LTIMOI			
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE			7	NAME AND ADDRESS OF FACILITY								
1	> 2000 -	1,700			W	M. C	. МА	RCH	F/H	1101 E	- NOR	ТН	AVENUE	
	23. PART I. Enter the diseases, or o	complications the	t caused the	death. Do									Approximata	
	ahock, or heart failure.  IMMEDIATE CAUSE (Final	List only one ca	use on aach li	na.									Onset and Death	
3	discours on condition	COMPLICA	ATIONS (	OF CHI	RONIC	IN	rravi	ENOUS	DR	UG ABUS	SE			
	1//2/2015/2012	DUE TO	(OR AS A CONS	SEQUENCE C	NF):									
O	Sequentially list conditions,  DUE TO (OR AS A CONSEQUENCE OF):													
CERTIFICATION	if any, leading to immediata cause. Enter UNDERLYING													
F	CAUSE (Disease or injury that initiated events	DUE TO	(OR AS A CONS	SEQUENCE C	NF):									
ERT	resulting in death) LAST	d												
AL C	PART II. Other significant condition	s contributing to	death but no	t resulting	in the ur	ndariyin	g cause	given in i	Part I.	24a, WAS AN	AUTOPSY	246	WERE AUTOPSY FINDINGS	
S										YES 2			AVAILABLE PRIOR TO COMPLETION OF CAUSE	
(ED										1-1-13 / 1-0		)	OF DEATH?	
2												'		
SIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?						LACE OF	DEATN (Che	ck only	one)				
SIC	YES 2 NO	HOSPITAL: 3	ER/Outpatient	3 🗆 DOA	4 Nur		ne 5 🗆 A	esidence	6 🗆 Ot	her (Specify)				
PHYSICIAN: MEDIC	27. MANNER OF DEATN  1 \( \bigcap \) Netural 5 \( \bigcap \) Pending	28a. DATE O (Month,	F INJURY Day, Year)	28b. TH	JURY	WC	JURY AT ORK?		26d. O	EŞCRIBE NOW I	NJURY OCCU	REO		
BY	2 Accident Investigation	00 - PI 105 -	OF IN PIPE		М		YES 2	NO						
ED	3 Suicide 6 Could not be 4 Nomicide determined	building	OF INJURY — At , atc. (Specify)	nome, rami,	street, rac	tory, ome	:0			ty or Town, State)		Hural I	Houte Number,	
COMPLETED	29a. CERTIFIER 1 CERTIFYING PNYSI	CIAN: To the heat of	f my knowledge	death occur	red at the	lime det	and alex	and the	to the	augustal and ma-	Ther se stated			
Check only  1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the one)  2XXMEDICAL EXAMINER: On the best of axamination and/or investigation, in my opinion, death occurred at the time,													a) and manner as stated.	
	296 SIGNATURE AND TITLE OF CENTURE			-				ENSE NUM		- Control			(Month, Day, Year)	
BE	Dorgis F	Dell	D A	loc				CME						
5	30. NAME AND ADDRESS OF PRINCIPLE WIL	D COMPLETED CAL	OCP							OCME 1-19-90				

MARIO F. COLLE, JR., MD

DHMH-18 Rev 1/89

111 Penn Street, Baltimore, MD 21201

notified at 9 must examiner medical the or other traumatic 6

COMPLETED

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FUNERAL E within 72 h HOSPITAL

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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH Deborah Miller January 18, 1990 2:30 рм 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH a. BIRTHPLACE (State or Foreign IF UNDER 24 HRS. 1 M 2 X F YRS. 213-74-4774 8/21/58 MD 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Maryland General Hospital Baltimore City RESIDENCE OF DECEDENT 10a. STATE 18b. COUNTY 10c. CITY, TOWN OR LOCATION 10d, INSIDE CITY Baltimore City 1X YES 2 NO 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 2753 TRIVOLY AVENUE 21218 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 14. RACE — American Indian, Black, White, etc. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-1 Never Married 2 Married
3 Widowed 4 Divorced 2 NO If yes, specify Cuben, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: IF YES, GIVE WAR OR DATES BY BLACK COMPLETED 18a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5 +) 9th UNEMPLOYED NA 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) JAMES MILLER MAMIE ALLEN BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 MAMIE MILLER 2721 HUGO AVENUE/BALTIMORE, MD 20a, METHOD OF DISPOSITION
1 A Burlel 2 Cremation 3 Removal from State 20b. PLACE OF DISPOSITION (Name of cometery, crematory or 20c. LOCATION -- City or Town, State WESTERN STAR CEMETERY CATONSVILLE. MD 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY WM. C. MARCH F/H 1101 E. NORTH AVENUE 0 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or reapiratory arrest, Approximate shock, or heart fellure. List only one cause on each line. Interval Between Onset and Death HEPATIC ENCEPHALOPATHY IMMEDIATE CAUSE (Final disease or condition\_ DUE TO (OR AS A DONSEOUENCE OF): Alcoholic I resulting in death) Alcoholic Liver Disease CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other algrificant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TYES 2XXNO 1 TES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 (Xapatient 2 - ER/Outpatient 3 - DOA OTHER: 1 YES 2XXNO 4 Nursing Home 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 284, DESCRIBE HOW INJURY OCCURED 1 Natural 1 YES 2 NO BY 2 Accident 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 261, LOCATION (Street and Number or Rural Route Number, City or Town, State)

29a. CERTIFIER

1 DECERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(e) and manner as stated.

29b. SIGNATURE AND TITLE OF CERTIFIER

11.0. Kominder Cam. 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

a Could not be

29c. LICENSE NUMBER n/a

29d. DATE SIGNEO (Month, Day, Your) January 18, 1990

ROMINDER Cour c/o Maryland General Hospital

31. DATE FILED (Month, Day, Year)

4 Homicide



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	aminer must be notified at once.
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eath with the State Dept. of Health and Mental Hygiene prior to burial	any injury, or other traumatic event, tl
Hygiene p	or other
Mental	Juny,
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State	item
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ath with	marked, or item 23 shows

IMPORTANT: If item 28 is BE COMPLETED

2

3 Suicide

4 Homicide

	FOR 1 _ STATE	STATE OF N							MENTAL HYGIE	NE	90	013	132
	1. DECEDENT'S NAME (First, Middle, Lest) MARY DORIS M	ARSIGLIA	CE	RUIF	ICATI	E OF	DEAT	H	2. DATE OF OEATH MONTH	0. DAY 22	YE 90	3. TIME OF DEA	TH M
	4. SOCIAL SECURITY NUMBER 213-20-4676	1 M 2 X F	6. AGE (In yrs. less	birthday) YRS.	IF UNDER	DAYS	IF UNDER	MIN.	7. DATE OF BIRTH (Month, Day Year) 2/26/26		8. BIRTH	PLACE (Store or Fo	preign
TOR	at. Agnes Hospit		9b. CITY, TOWN OR LOCATION OF CEATH  Baltimore  8c. COUNTY OF DEATH										
DIRECTOR	Maryland A.		r, rown ( inthi		TION						Y NO		
FUNERAL	10. STREET AND NUMBER 405 Laura Avenue 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED						ZIP CODE	90		τ	J.S.A	S.A.	
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced		YES 2 N			If yes, sp		n, Maxica	IIC ORIGIN? (Specify ' n, Puerto Ricen, etc.)	Yes or No—	14. RACE Black Specif	- American Indi k, While, atc.	
COMPLETED	15. OECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12) 12th grade	JCATION e completed) Coffege (1-4 or 5 d	(Gir	DO NOT U	-	CCUPATIO	ON ist of workin	g	16b. KIND OF E	DUSINESS/INC	OUSTRY		
BE COM	17. FATHER'S NAME (First, Middle, Leel) Joseph Kilroy								ME (First, Middle, Meld Schultheis			2.	
TO E	Joseph J. Marsi	glia	4	05 1	Laura	Ave	enue	Lin	Houte Number City or T nthicum, N	Maryla	ind	21090	
	20a. METHOD OF DISPOSITION  1XC Buriel 2 Cremation 3 Rer  4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE L		20b. PLACE of other place. New	ce)	nedra	1 C	emete	ry	Ва	altimo		<sub>wn, State</sub> Marylan	d
	M. Maf	A 17	-		H	lubba		uner	al Home, Ave. Bal		e, M	d. 212	29
	23. PART I. Enter the diseases, or abook, or haert failure IMMEDIATE CAUSE (Final disease or condition resulting in death)	List Dniy one cau	se on each line.						nith Si			Approxim interval E Onast an	Between
ATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	b	(OR AS A CONSEC	UENCE C	PF):			<u>.</u>					
CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in death) LAST	oue to	(OR AS A CONSEC	UENCE C	OF):								
MEDICAL	PART II. Other algnificant condition	na contributing to	death but not re	eaulting	in the u	nderiyin	g cause s	given in	PERF	AN AUTOPSY FORMED?	24b.	. WERE AUTOPSY F AMAILABLE PRIOR COMPLETION OF OF DEATH? 1 YES 2	CAUSE
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  MOSPITAL:  OTHER:												
PHYSICIAN:	1 _ YES 2 _ NO 27. MANNER OF DEATH			28b. TII		28c. IN.	URY AT	esidence	8 Other (Specify) 28d. DESCRIBE HO	W INJURY OC	CCURED		
ВУ	Netural 5 Pending 2 Accident investigation				M		YES 2	NO	004 1 00471011 (0)				

29a, CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.

28e. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify)

29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, 29c. LICENSE NUMBER

261. LOCATION (Street and Number or Rural Route Number, City or Town, State)

30. NAME AND ADDRESS OF PERSON VINO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

6 Could not be determined

OHMH-16 Rev 1/89

DHMH-18 Rev 1/89

LAND 21203-3146	d by the hospital or attending physician.	# be detached for use as the burial-transit permit. Pages 1, 2, 3 should	at once.
DIVISION OF VITAL RECORDS, F.O. BOA 13149, BALLIMORE, MARILLAND 21203-5146	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within ours after death. Page it may be accounted by the hospital or attending physician.	O THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral directory and a filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	sd, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
DISIONOL	TO THE HOSPITAL OR ATTENDING PHYS	TO THE FUNERAL DIRECTOR: After this c be filed within 72 hours after death with	IMPORTANT: If item 28 is marked,

	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM			MENTAL HYGII			
	DECEDENT'S NAME (First, Middle, Last)     CHARLES	MASEK				2. DATE OF OEATH	DAY Y	3. TIME OF DEATH  11:47 P M	
	4. SOCIAL SECURITY NUMBER 215–32–9303	1 M 2 D F	83 YRS. MOI	UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year 7-7-06		BIRTHPLACE (State or Foreign Country) Maryland	
TOR	96. FACILITY NAME (If not institution, give s 7525 Bradshaw RESIDENCE OF DECEDENT	,	96		ngsville		9c. COUNTY Ba.	of DEATH ltimore	
FUNERAL DIRECTOR	10e. STATE 10b. COUNT	timore	10c. CITY, TO	OWN OR LOCAT	ngsville		1		
ERAL	10a. STREET AND NUMBER 7525 /Bradshav				ZIP CODE 21087			N OF WHAT COUNTRY?	
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IF FORCES? 1 TYES IF YES, GIVE WAR OR DA	2 NO	If yes, spe		ilC ORIGIN? (Specify n, Puerto Rican, etc.) ::	Yes or No- 14	RACE — American Indian, Black, White, etc. Specify:	
COMPLETED	15, DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	JCATION o completed) College (1-4 or 5+)	16a. DECEDENT'S USI (Give kind of work life. Do NOT use re	IAL OCCUPATIO done during mo- tired.)	N st of working		Business/indus	al Service	
COMF	6th grade  17. FATHER'S NAME (First, Middle, Last)  Alois Ma	ısek	Postman			ME (First, Middle, Mail e Hartl		ri Pervice	
JO BE	19a. INFORMANT'S NAME (Type/Print)  Amelia M. Mase		100		nd Number or Rural I	Route Number, City or			
/	20e. METHOD OF DISPOSITION  15 Surial 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	novel from State	PLACE OF DISPOSITION Officer places) Bel Ai	Memor	ial Gard	lens	LOCATION — CH Harford	y or Town, State CO., Md.	
	21. SIGNATURE OF FUNERAL SERVICE LI	Described /	Home	E.		sahn Fune			
CERTIFICATION	23. PART I. Enter the diseases, or complications that caused the desth. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heart failure. List only one cause on sech line.  IMMEDIATE CAUSE (Final disease or condition resulting in desth)  DUE TO (OR AS A CONSEQUENCE OF):								
MEDICAL	PART II. Other significant condition		out not resulting in t	he underlying	g cause given in	PER	AN AUTOPSY FORMED?	24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL:		THER:	ACE OF OEATH (Ch	s Other (Specify)		<u> </u>	
ву Рну	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME O	F 28c. INJ		28d. OESCRIBE HO	W INJURY OCCU	RED	
	3 Suicide 6 Could not be 4 Homicide detarmined	28e. PLACE OF INJURY building, etc. (Spec	— At home, farm, stre- city)	et, factory, offic		261. LOCATION (Str. City or Town, S	. LOCATION (Street and Number or Rural Route Number, City or Town, State)		
COMPLETED	one)	BICIAN: To the best of my know ER: On the basis of examination						i. cause(s) and manner as stated.	
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIE	- Acceptance			29c. LICENSE NUI		SIGNED (Month, Day, Year)		
	30. NAME AND ADDRESS OF PERSON W		11		ir Rd. I	Belair Md	. 2101	4	
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	ATURE						

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed will	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely meet in by the funeral director, page 5 should by entire the flux within 72 hours after health with the State hear of Health and Mental Hydiene prior to burial cremation, or removal	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at the
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31. DATE FILED (MORRIT, Pay, 1997) 1990

	FOR 1 - STATE	STATE OF MARYLAND							30	0153
	REGISTRAR  1. DECEDENT'S NAME (First, Middle, Last) Roberta M.	Miller	ERTIFICA	IE OF	DEATH	2. DATE OF I	EG. NO. DEATH	90 <sup>YE</sup>		TIME OF DEATH 5:30 P. M
	4. SOCIAL SECURITY NUMBER 728=05=1555	5. SEX 8. AGE (In yrs. In 1  M 2  F  73	YRS. MONT		IF UNDER 24 HRS. HOURS MIN.	1	7/191	.6	Ma	ce (State or Foreign ryland
TOR	9a. FACILITY NAME (If not institution, give str 500 Virginia Av	9b. (	Towson  City, town or location of Death  Towson  Balto.							
DIRECTOR	Mrayland Ba	Mrayland Balto.			NOI		1(			INSIDE CITY LIMITS? YES 2 2 NO
FUNERAL		Ave. Apt. 90				21204 U.S.A.				
ВУ					CENDENT OF HISPAN ecify Cuban, Maxica 2 2 NO Specify	n, Puarto Ricar			RACE — A Black, Wh Specify:	Merican Indian, ita, atc. White
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5+)			one during mo ed.)	ON set of working	18b. KIN	D OF BUSI	NESS/INOUST		
	12 17. FATHER'S NAME (First, Middle, Last) Walter R. Mei	rrifield	Homemake	ž.T.	18. MOTHER'S NA				ne	
TO BE	19a. INFORMANT'S NAME (Type/Print)	1			and Number or Rural i		ity or Town,	State, Zip Cod	9)	
	Carol McGinn  1817 Dunwoody Rd. 21234  20a. METHOD 05 DISPOSITION 1   Surface   2 To Cremetton   3   Removal from State   Complete   2 To Cremetton   3   Removal from State   2 To Cremetton							Steta		
	Greenmount Cemetery 1/22/90  Balto. Md.  21. SIGNATURE OF FUNERAL SERVICE LICENSEA  22. NAME AND ADDRESS OF FACILITY 1050 York Rd. 21204									
	Trought 60 )	chale St.		Ruck	Towson F	uneral	Home	e, Inc		204
	23. PÄRT I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heert failure. List only one cause on each line.  Approximate interval Between									
	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Onset and Death  LLOHOLISM  Due to (or as a consequence on:									
MOIT	Sequentielly list conditions, If any, leading to immediate  DUE TO (OR AS A CONSEQUENCE OF):									
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST									
	d.									
PHYSICIAN: MEDICAL	PART II. Other eignificent conditions contributing to death but not resulting in the underlying couse given in Part I.  CARDIAC CONDETION SYSTEM DUASE REGION 1 YES 2 IND  PARMINENT  1 YES 2 IND  1 YES								ILABLE PRIOR TO APLETION DF CAUSE DEATH?	
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  26. PLACE OF DEATH (Check only one)									
IYSI	1 YES 2 NO	2 NO 1 Inpetient 2 ER/Outpetient 3 DOA 4 Nursing Home 6 Residence								
ВУ РН	1 Natural 5 Pending				28d. DESCRIBE HOW INJURY OCCURED					
	2 Accident investigation 3 Suicide 8 Could not be determined  28a. PLACE OF INJURY — At home, farm, street, fectory, office building, etc. (Specify)  28f. LOCATION (Street and Number or Rural Route Number, City or Yown, State)									
COMPLETED	enel	CIAN: To the best of my knowledge, R: On the bests of examination and/o							u8e(s) end	I manner as stated.
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	2 Jen	Cu.		29c. LICENSE NUI	MBER 795		29d. DATE SIG	MED (Mo	O P O
5	John Lavin M.				o. Md.	2121	2			1

	FOR STATE	STATE	OF	MARYLAND /	DEPARTM
_	REGISTRAR			CI	ERTIFIC

	1 - STATE REGISTRAR	STATE OF M		DEPAR					IENTAL	REG. NO.	E			
	1. DECEDENT'S NAME (First, Middle, Last)	Edward		1.9					2. DATE	OF DEATH		YEAR	3. TIME OF DEATN	
	WILLIAM		MACIN	тосн					JAN	UARY 2		990	12:45 A M	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. In		_ IF UNDER	1 YEAR	IF UNDER	24 HRS.	7 DATE	OF BIRTH		8. BIRTHP	LACE (State or Foreign	
	138-28-4737	12. M 2 □ F	51	YRS.	MONTHS	DAYS	HOURa	MIN.	(MONIN	7723/1	938	Nev	Jersey	
	9a. FACILITY NAME (If not institution, give at	treet and number)			9b. CITY,	TOWN O	R LOCATIO	N OF DEA			9c. COUN	TY OF DE	ATH	
8	THE JOHNS HOPKINS HOSPITAL				R A	TTTN	ORE	CTTV			BALTIMORE			
5	RESIDENCE OF DECEDENT			_				CIII						
DIRECTOR	10e. STATE 10b. COUNTY			10c. CIT	19c. CITY, TOWN OR LOCATION						10d. INSIDE CITY LIMITS?			
	Maryland Balto.			Towson					1 ☐ YES 2 ½					
341	10e. STREET AND NUMBER					101	ZIP CODE		,					
FUNERAL	7 Barrow Court  11. MARITAL STATUS  12. WAS DECEDENT EVER IN U.S. AR							2120				J.S.A		
5	11. MARITAL STATUS  1 Never Merried 2 K Merried	FORCES? 1	X YES 2		- 0	f yes, spi	cify Cuber	, Mexican	, Puerto F	GIN? (Specify Yes or No- 14. o Ricen, stc.)		Black,	I. RACE — American Indian, Black, White, atc.	
B	3 Widowed 4 Divorced	"56-59"	AR OR DATES		'	YES	2 📉 NO	Specify:				Specify	White	
	15. DECEDENT'S EDUC		16a. D	ECEDENT'S	USUAL O	CUPATIO	N .		18b.	KIND OF BUS	BUSINESS/INDUSTRY			
E	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5 +	)	Give kind of e. Do NOT u	work done (	Junng mo	at of working	9						
AP		2		Sales	Re	р.		_		Feral]	Loy C	orp.		
COMPLETED	17, FATHER'S NAME (First, Middle, Last)						16. MOTH	ER'S NAN	HE (First, A	Aiddle, Maiden	Sumame)			
BE (	William E. MacIr	itosh					L	illi	an		Drum	mond		
2	19a, INFORMANT'S NAME (Type/Print)		11	9b. MAILING	ADDRESS	(Street a	nd Number	or Rural A	oute Numb	ber, City or Town	, State, Zip	Code)		
٦	Mrs. Diana H. Mac	Intosh			Same				. <u>-</u> .					
	20s. METHOD OF DISPOSITION     ©  CX Burlel 2 □ Cremation 3 □ Rem	oval/from State	ptherp	OF DISPO							CATION — C	aty or Tow	rn, State:	
	4 Donation Other (Specify)		Dula	ney V						22/90		<b>m</b> eni		
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE /			22.	NAME AN	D ADDRES	S OF FAC	ILITY 1	1050 Yo	ork R	d. 2	1204	
	1 mold	Dellater	Ki.		R	uck	Tows	on F	uner	al Hor	ne, I	nc.		
	23. PART I. Enter the diseases, or o	complications that	t caused the d	leath. Do	not enter	the mo	de of dyi	ng, such	ea cerc	liac or reapi	ratory erro	est,	Approximete	
	ahock, or heert failure. List only one cause on each line.  IMMEDIATE CAUSE (Final  Onset and Death													
	disease or condition resulting in death) a. Pharmageal obstruction 5							5 MX						
	DUE TO (OR AS A CONSEQUENCE OF):								2 >00					
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Ĕ	DUE TO (OR AS A CONSEQUENCE OF):													
5	CAUSE (Disease or Injury  DUE TO (OR AS A CONSEQUENCE OF):													
Ē	resulting in deeth) LAST	that initiated events								į ,				
CERTIFICATION		d											1	
CAL	PART ii. Other aignificant condition	a contributing to	death but not	resulting	ng in the underlying cause given in Part i. 24a. WAS AN PERFO						WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO			
8								1 TES 2	COM		COMPLETION OF CAUSE OF DEATN?			
ME												1 - YES 2 NO		
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PHYSICIAN: MED	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHE		ACE OF D	EATH (Che	ck only or	10)				
YSI	1 TES 2 NO	1 Inpetient 2	ER/Outpetient	3 DOA			e 5 🗆 Re	sidence (	6 🗆 Othe	r (Specify)				
PH	27. MANNER OF DEATH	28a. DATE OF (Month, D		26b. TIA	IE OF JURY		RK?		28d. DES	SCRIBE NOW I	NJURY OCC	URED		
Β¥	2 Accident Investigation	2 Account				M 1 YES 2 NO								
	3 Suicide 6 Could not be 4 Nomicide determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)  28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)							oute Number,						
COMPLETED	29s. CERTIFIER (Check only one)  CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and menner as stated.													
0	2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.													
BE	29b. SIGNATURE AND TITLE OF CERTIFIER						29c. LICE	NSE NUM	BER	29d. DATE SIGNED (Month, Day, Year)				
0	77	MYM	D MI	<b>EDICAL</b>	_ INT	SKN					• )	MV	20, 1990	
	30, NAME AND ADDRESS OF PERSON WH			EM 27) (Type		Y		-CAA	4.6	M.		M.	21300	
	31. DATE FILED (Month, Day, Year)	ROMWEZ	IR'S SIGNATURE	unus	49	KIN	3 H	7/4/2	AL	INT	TIMO	<u>v</u>	21 205	
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DHMH-16 Rev 1/89

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성	hin 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or	NT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the me
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,

FOR STATE REGISTRAR	STATE OF MARY		ENT OF HEALTH AND TE OF DEATH	MENTAL HYGIENE REG. NO.					
1. DECEDENT'S NAME (First, Middle, L	ADA	MEAI	0005.	2. DATE OF DEATH MONTH DAY	YEAR S-10A'M				
4. SOCIAL SECURITY NUMBER 579-12-9926	1 🗆 M 2 🂢 F	97 YRS. MONT		0/ 26-	92 8. BIRTHPLACE (State or Foreign Virginia				
98. FACILITY NAME (If not institution, g	90. FACILITY NAME (If not Institution, give street and number)  91. FACILITY NAME (If not Institution, give street and number)  92. COUNTY OF DEATH  94. CITY, TOWN OF LOCATION OF DEATH  Prince George								
10s. STATE Md . 10b. CO		Belt	WN OR LOCATION		10d. INSIDE CITY LIMITS? 1 X YES 2 NO				
100. STREET AND NUMBER  101. ZIP CODE  109. CITIZEN OF WHA  20705  U.S.									
11. MARITAL STATUS  1 Never Merried 2 Merried  3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	IN U.S. ARMED		PANIC ORIGIN? (Specify Yes or Icen, Puerto Ricen, etc.)					
15. DECEDENT'S (Specify only highest of Elementary/Secondery (0-12)	EDUCATION rade completed) College (1-4 or 5 +)	Me. Do NOT use retir	ione during most of working ad.)	OCCUPATION 18b, KIND OF BUSINESS/INDUSTRY					
6th  17. FATHER'S NAME (First, Middle, Last	)	Domesti		Cleanii					
W:	illiam H. Sr	nith		rriet Mars					
19s. INFORMANT'S NAME (Type/Print)		19b. MAILING ADD	RESS (Street and Number or Ru	rel Route Number, City or Town, S	State, Zip Code)				
W. Wayne Bern			as # 10 ab						
20a. METHOD OF DISPOSITION  1X Buriel 2 Cremetton 3 Removal from State  4 Donation 5 Other (Specify)  20b. PLACE OF DISPOSITION (Name of cometer); Cremetory or other place)  Marshall Family Cem. 1/19/9  0Blainesville, Va.									
21. SIGNATURE OF FUNERAL SERVICE LICENSEE  Pary N. Gratt  22. NAME AND ADDRESS OF FACILITY Henry S. Washington & Sons, Inc. 4925 Burroughs Ave., N.E.									
23. PART I. Énter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heert failure. List only one ceuse on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Due to (or as a consequence of):  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury)									
that initiated events resulting in death) LAST  d.									
	PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I.  ANAEMIA  CORONARY ARTERY DISEASE  24a. WAS AN AUTOPSY PERFORMED?  1 YES 257NO  1 OF DE								
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  HOSPITAL:  OTHER:									
1 Sinpetient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify)  27. MANNER OF DEATH  268. DATE OF INJURY  28b. TIME OF 26c. INJURY AT 26d. DESCRIBE HOW INJURY OCCURED									
1 Natural 5 Pending 2 Accident Investigati	(Month, Day, Year,	INJURY	WORK? 1 YES 2 NO	200. DESCRIBE NOW INST	THE OCCURED				
3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — Al home, ferm, street, factory, office building, etc. (Specify) 28e. PLACE OF INJURY — Al home, ferm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, Stete)									
	HYSICIAN: To the best of my know				or as stated.				
296. SIGNATURE AND TITLE OF CERTIFIED PAYERER MAD 296. LICENSE NUMBER 296. DATE SIGNED (MONTH) ON YOUR DATE SIGNED									
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CRUSE OF DEATH (ITEM 27) (Type, PHIN)  ABDUL NAYEEM, Med 3450 FORT MEADE ROAD LAUREL, M.D. 20707									
31. DATE ELEGY MONTH. 1990	GUEL BERBURY	plant.							

AND 21203-3146

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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2. Nours after dea	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fur be filled within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical exa	
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	FOR 1 - STATE REGISTRAR	STATE OF M			MENT OF I			ENTAL HYGIEN	_	01001		
	1. DECEDENT'S NAME (First, Middle, Last)	MARSI	. /					2. DATE OF DEATH		VEAR 5.35 PM		
	4. SOCIAL SECURITY NUMBER 578-36-6237	1 XM 2 - F	8. AGE (In yrs. lest t	YRS.	IF UNDER 1 YEAR HONTHS DAYS	IF UNDER	MIN.	7. DATE OF BIRTH (Month, Day, Year) 6 / 11 / 00				
TOR	90. FACILITY NAME (If not institution, give  SOUTHER MAR  RESIDENCE OF DECEDENT	1 //	SPITAL		96. CITY, TOWN	1	TONY	TH	PRINCE GE			
- DIRECTOR	Md . 10e, STREET AND NUMBER	P.G.			rown or Local	Hgt			10d. INSIDE CITY LIMITS?  XXYES 2 \( \) NO			
FUNERAL		5 R St.	EVER IN ILE ADM	50			743		U.	U.S.A.		
ВУ	1 Never Married 2 Married FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES				13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or If yea, specify Cuban, Mexican, Puerto Rican, etc.)  1  YES AND Specify:					4. RACE — American Indien, Black, White, atc. Specify: Black		
COMPLETED	15. DECEDENT'S EDI (Specify only highest gred Elementary/Secondery (0-12) 7 t. h		(Glvs	s kind of wo Do NOT use	SUAL OCCUPATION do not retired.)	ON ost of workli	ng	16b. KIND OF BU				
BE COM	17. FATHER'S NAME (First, Middle, Last)	James	Marsha		ver	18. MOT	HER'S NAM	E (First, Middle, Meider la Jone:	GOV Surneme)	L.		
TO	196. INFORMANT'S NAME (Type/Print)  Catherine Marshall  206. METHOD OF DISPOSITION 1 G. Burlel 2 Cremation 3 Removal from State 4 Donation 8 Other (Specify)  21. SHONATURE OF FUNERAL SERVICE LICENSEE  A CALLY M. D. C. 20019  220. PLACE OF CISPOSITION (Name of cemetery, crematory or other place)  Harmony Mem. Park 1/17/90 Landover, Md.  22. NAME AND ADDRESS OF FACILITY H. S. Washington & Sons, Inc. 4925 Burroughs Ave., N. E.											
CERTIFICATION	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory errest, shock, or heart feliure. List only one cause on sech line.  IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)  Sequentisity list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):											
MEDICAL	PART II. Other significant condition	ns contributing to d	leath but not re	euiting in	ths underlyin	g cause	given in P	Part I. 24a. WAS AI PERFO	RMEO?	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  1 NO SPITAL: 1 YES 2 NO  26. PLACE OF OEATH (Check only one)  OTHER: 4 Nursing Home 5 Residence 6 Other (Specify)  27. MANNER OF DEATH  28. DATE OF INJURY  28. DATE OF IN											
ED BY	1 Netural 5 Pending 2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF building, e	INJURY — At homes. (Specify)	INJUI	M 1 🗆	PRIC? YES 2	NO	281. LOCATION (Street City or Town, State	and Number o			
TO BE COMPLET	29s. CERTIFIER (Check only ore)  2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(e) and menner as stated.  29c. LICENSE NUMBER  29d. DATE SION O (Month, Apy, Year)  10. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)											
11	Laxma Berwa 31. DATE FILED (2011) 1990		1300 Me		пстте	ьn.	, Lan	dover, Mo	1. 20	785		

	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPAI CERTIF				MENTA	L HYGIENE			
	1. OECEDENT'S NAME (First, Middle, Lest)	Irina		,			2. DATE MONT	OF DEATH	- QYE	AR 3.	TIME OF DEATH 9:30 A
	4. SOCIAL SECURITY NUMBER 218-54-2159		(In yrs. last birthday)	IF UNDER	DAYS	IF UNDER 24 HRS. HOURS MIN.	(Mon)	OF BIRTH		ROMA	ACE (State or Foreign
NO.	90. FACILITY NAME (If not institution, give to	street and number)		9b. CITY,		R LOCATION OF OR	HTA		9c. COUNTY	OF DEAT	Н
FUNERAL DIRECTOR	MARYLAND 10b. COUNT	Υ	10c. Cl	гу, тому о ВАТ	'd'fM	ÖRE			10d. INSIDE CITY LIMITS?  1\(\frac{1}{\times}\) YES 2 \(\Display\) NO		
RAL	10%. STREET AND NUMBER 6966 REISTERSTOW	VN RD.			101.	ZIP CODE 21215	5		10g. CITIZEN OF WHAT COUNTRY?  USA		
BY FUNE	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed XX Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2 X NO	14	yes, spe	ENDENT OF HISPAN polity Cuben, Mexice 2 NO Specif	NIC ORIGI		o or No.— 14. RACE — American Indian, Black, White, atc.  Specify: WHITE		
0	15. DECEDENT'S EOU (Specify only highest grade Elementary/Secondary (9-12)	JCATION completed) College (1-4 or 5+)		work done d	UAL OCCUPATION 18b, KIND OF BUSINESS! today during most of working stitled.)					RY	
COMPLET	17, FATHER'S NAME (First, Middle, Last)	5+	BEA	AUTIC	IAN				TOLOGY		
BE CC	UNKNOWN				18. MOTHER'S NAME (First, Middle, Melden Surneme) UNKNOWN						
101	190. INFORMANT'S NAME (Type/Print)  190. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, Stets, Zip Code 4014 LABYRINTH RD. BALTIMORE, MD							212	215		
	20 SETHOD OF DISPOSITION  1 Buriel 2 Cremetion 3 Rem 4 Donation 5 Other (Specify)	noval from State	other place) CHIZUE			netery, cremetory or ARLINGTO	)N)		ALTIMO		
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE .	000		SOL	LEVINSON REISTER	1 & E			). ,MI	21215
CERTIFICATION	23. PART I. Enter the disessea, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, abock, or heart fellure. List only one ceuse on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in deeth)  DUE TO (dR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  Caudio pulmonary Atrest  DUE TO (dR AS A CONSEQUENCE OF):  Cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST										
MEDICAL	PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part						Part I.	24a. WAS AN A PERFORI 1  YES 2	MED?	AN CC OI	ERE AUTOPSY FINDINGS AILABLE PRIOR TO MPLETION OF CAUSE DEATH?  YES 2
IAN	25. WAS CASE REFERRED TO MEDICAL				28. PL	ACE OF DEATH (C)	eck only o	ne)			,
SIC	1 Tes 2 No	HOSPITAL: 1)K inputient 2 ER/Out	patient 3 🗆 DOA	OTHER	1:	e 5 🗆 Residence					
PHYSICIAN:	27. MANNER OF DEATH  1 Netural 8 Pending	28e. DATE OF INJURY (Morith, Day, Year)	26b. Til	ME OF		URY AT PRK?	28d, DE	SCRIBE HOW IN	JURY OCCUR	ED	
TED BY	2 Accident investigation 3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — At home, ferm, street, fit building, etc. (Specify)					lectory, office 281. LOCA			OCATION (Street and Number or Rural Route Number, y or Town, State)		
COMPLETED	and and	SICIAN: To the best of my know IER: On the basic of exemination								nuse(e) a	nd manner ee stated.
BE	29b. SIGNATURE AND TITLE OF CERTIFIE		and o		29c, LICENSE, NUMBER WW 9339			29d. DATE SIGNED (Monthy Day, Ve		onth (Day, Year)	
10	30. NAME AND ADDRESS OF PERSON WI	HO COMPLETED CAUSE OF DI		s, Print) SSP	ŏ	TE BA	IT.	METER	1	7	/
	JAN 2 4 1990	32. REGISTRAR'S SIGN	ATURE								

DHMH-18 Rev 1/89

	n.	180	
BALTIMORE, MARYLAND 21203-3146	be retained by the hospital or attending physical	age 5 should be detached for use as the burial-to	be notified at once.
BALTIMORE,	24 hours after death. Page 6 may	filled in by the funeral director, pa ion, or removal.	the medical examiner must b
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mounts after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-Nesi be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	TO THE HOSPIT	TO THE FUNERA De filed within 7	IMPORTANT: 1

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR		CE			F DEATH		REG. NO.			
	1. DECEDENT'S NAME (First, Mirirlin Last)						2. DATE	E OF DEATH		VEAD	3. TIME OF DEATH
	JULA PIGLIAVENT	0					MON	7-2	0-9	YEAR 70	9-30A M
	4. SOCIAL SECURITY NUMBER		. AGE (In yrs. lesi	t birthday)	IF UNDER 1 YEA		7. DATE	OF BIRTH		8. BIRTHI	PLACE (State or Foreign
	191-14-1638	1 🗆 M 2 😿 F	75	YRS.	MONTHS DAY	8 HOURS MIN.	6,	/14/14			nsylvania
OR		urs 405	SP			n or Location of t	DEATH		9c. COUN	TY OF DE	ATH
5	RESIDENCE OF DECEDENT  10e. STATE 10b. COUNTY	,		I son Citt	Y, TOWN OR LC	CATION	TON!				
DIRECTOR	Maryland	G		Baltimore			- 7				10d. INSIDE CITY LIMITS? 1X YES 2 NO
FUNERAL	1820 Spence Stre	et				21230				J.S.	A.
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Married 3 XWidowed 4 Divorced	12. WAS DECEDENT E FORCES? 1 IF YES, GIVE WAR	YES 2 X N		If yes	DECENOENT OF HISPA specify Cuben, Mexic (ES 2 X NO Spec	an, Puerto		or Na—	14. RACE Black Specif	- American Indian, White, atc.
C.	15. OECEDENT'S EDUC	CATION	18a. DE	CEDENT'S	USUAL OCCUP	ATION	18	b. KIND OF BUS	I SINESS/INDL	JSTRY	
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(Gi	tve kind of v Do NOT us	t of work done during most of working  Truse retired.)						
M	Homemaker  17. FATHER'S NAME (First, Middle, Last)  18. MOTHER'S NAME (First, Middle, Maiden Surname)										
ŏ	Rosario Difati							e Marin		rm i c	
BE		19a. INFORMANT'S NAME (Type/Print)  19b. MAILING ADDRESS (Street and Number or Pural Route									
2	Leora Martin 2104 Gaylawn Drive Baltin									21227	
	20a. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cometery, crematory or 20c. LOCATION — City or Town,										
	Other place)    A   Donetton S   Other (Specify)   Baltimore National Cemetery   Baltimore, Marylan										
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	Dares	.more	22. NAM	ANO ADDRESS OF F	ACILITY			., 110	aryrand
	2/1/1/	10	/		Hub	bard Fune 7 Wilkens	ral l			M.	1 21220
4	ehock, or feart feliure. List only one cause on each line.									Approximate interval Between Onset and Deeth	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  b. DUE TO (OR AS A CONSEQUENCE OF):  c. OUE TO (OR AS A CONSEQUENCE OF):										
	PART ii. Other aignificant condition	e contributing to d	eeth but not r	esuiting	in the underl	ving couse given i	n Part i.	24a, WAS AN	ALITOPSY	24h	WERE AUTOPSY FINDINGS
MEDICAL	PERFORMED? AMA COL 1 YES 2 NO OF								AMALABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?  1 YES 2 NO		
AN	25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one)										
200	EXAMMER? HOSPITAL: OTHER:										
PHYSICIAN:	27. MANNER OF DEATH  1 Netural 5 Pending	28a. DATE OF IN (Month, Day,	JURY	28b. TIM	E OF 28c.	INJURY AT WORK?		escribe how i	NJURY OCC	URED	
TED BY	2 Accident Investigation 3 Suicide 8 Could not be determined 28. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)  28. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)									loute Number,	
COMPLET	29a. CERTIFIER 1 CERTIFYING PHYSI Check only one) 2 MEDICAL EXAMINE	CIAN: To the best of m									and manner as stated.
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIES	Trip	ning	no	un	D 3	066	, /	<b>&gt;</b> /	signed 2	(Month, Bay, Year)
	SO, NAME AND ADDRESS OF PERSON WHE BIRKESH THE	O COMPLETED CAUSE	OF DEATH (ITE	M 27) (Type	Ber	Licer	45	4881	reta	il	, [
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR	S SIONATURE								

\* \*\* M2.6

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 meters after death. Page 6 may be retained by the TO THE FUNEPAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY FUNERAL DIRECTOR
CERTIFICATION
IY PHYSICIAN: MEDICAL
TO BE COMPLETED B

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIFIC	ATE C	OF DEATH	REG. NO			
1. DECEDENT'S HAME (First, Middle, Last)	EDWARD	PIERSO	N		2. DATE OF DEATH NONTH D. JAN. 18	1990	3. TIME OF DEATH 9:25 A. M	
4. SOCIAL SECURITY NUMBER 219–38–2664			NTHS DA		7. DATE OF BIRTH	5	BIRTHPLACE (State or Foreign COUNTRY) CANADA	
9a. FACILITY NAME (If not institution, give a 15 CHARLES PLAZ				WN OR LOCATION OF DI ALTIMORE	EATH	9c. COUNT	Y OF DEATH	
RESIDENCE OF DECEDENT								
MARYLAND 106. COUNTY	(	10c. CiTY, T		IMORE			10d, INSIDE CITY LIMITS? 1 XYES 2 NO	
100. STREET AND HUMBER 15 CHARLES PLAZA	, APT. 1403			101. ZIP CODE 2]	.201		EN OF WHAT COUNTRY? USA	
11. MARITAL STATUS  1XXNever Merried 2  Married  3  Widowed 4 Divorced	1XXNever Merried 2 Merried FORCES? 1 VES 2 NO				NIC ORIGIN? (Specify Yearn, Puerto Ricen, etc.) y:	or Ho 14	4. RACE — American Indian, Black, White, etc. Specify: WHITE	
	15. DECEDENT'S EDUCATIOH (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5 +)  5+				166. KIHD OF BU	SIMESS/INDUS		
17. FATHER'S HAME (First, Middle, Lest) SAMUEL B. PIERSON 16. MOTHER'S HAME (First, Middle, MINNIE						Sumame) NDRESS		
19a. HFORMANT'S HAME (Type/Print)		19b. MAILING AD	DRESS (Str		Route Number, City or Tow			
MTCHAFI. PTERSON  20e METHOD OF DISPOSITION 1 Paguriel 2 Cremation 3   Nem	oval from State	PLACE OF DISPOSITI	ON (Name o	30th FI	20c. LO		ty or Town, State	
4 Donation 5 Other (Specify)		BETH				ALTIMO	RE, MD	
Jyduly -	22. HAME AND ADDRESS OF FACILITY SOL LEVINSON & BROS., INC. 6010 REISTERSTOWN RD. BALTIMORE, MD 21215							
23. PART is Enter the disease4, or shock, or heart fellure.  IMMEDIATE CAUSE (Final disease or condition resulting in deeth)	complications that caused to Liet only one cause on each e	Park		mode of dying, suc	h es cerdiec or resp	Iratory arres	Approximate interval Between Onset and Death	
Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in deeth) LAST	b. OUE TO (OR AS A C							
PART II. Other significent condition	e contributing to death but	not resulting in	the under	lying ceuse given in	Part I, 24a. WAS AN PERFOI	RMED?	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2  HO	
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		THER:	6. PLACE OF DEATH (CI	neck only one)			
1  YES 2 WHO  27. MANNER OF DEATH  1 Hetural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME C	OF 280	Home 5 Realdence  INJURY AT WORK?  YES 2 NO	6 Other (Specify)  28d. OESCRIBE HOW	INJURY OCCU	IRED	
2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide detarmined	28e. PLACE OF INJURY — building, etc. (Specify	- At home, ferm, stre	et, factory,	office	281. LOCATION (Street City or Town, State		r Rural Route Number,	
cool only	ICIAH: To the best of my knowled							
29b. SIGNATURE AND TITLE OF CERTIFIC	Dence			29c. LICENSE NU	MBER 7	29d. DATE	18/90.	
4000 000	Court RI	fired	(nt)	MD	2120%	1	1	
31. DATE FILED (Month, Day, Year)	to Buiden Royal	-						

DHMH-16 Rev 1/89

	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a mours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPART				SIENE				
1. DECEDENT'S NAME (First, Middle, Last BERNICE RAY R					2. DATE OF DEA MONTH		YEAR 90	3. TIME OF DEATH		
4. SOCIAL SECURITY NUMBER 215-18-5679 9a. FACILITY NAME (If not institution, give	1 ★ M 2 □ F 6	7 YRS.	IF UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN. R LOCATION OF DE	7. DATE OF BIRT (Month, Day, N 3/1/22	ear)	8. BIRTH Count Mar	PLACE (State or Foreign y) yland		
St. Agnes Hospi				imore		9e. CO	UNTY OF D	EATH		
Maryland Ba	ltimore		town on Locat dlawn	ION				10d. INSIDE CITY LIMITS7 1 YES 2 NO		
100. STREET AND NUMBER 5924 Cecil Aven	ue		101	21207			U.S.A.			
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 K NO						E — American Indian, k, White, etc.		
15. DECEDENT'S ET (Specify only highest gra Elementary/Secondary (0-12) 10th grade 17. FATHER'S NAME (First, Middle, Last)	e Cashier  Middle, Leat) 18. MOTHER					Pantry Pride				
Max Pentove				Esther	THER'S NAME (First, Middle, Msiden Surname) ther Gold					
196. INFORMANT'S NAME (Type/Print)  196. MAILING ADDRESS (Street and Number or Flural Route Number, City or Tarthomas E. Rennie  5924 Cecil Ave. Baltimore, Ma										
20a. METHOD OF DISPOSITION  12 Burial 2 Cremation 3 Re 4 Donation 5 Other (Specify)	movel from State	PLACE OF DISPOSIT other place) eadowridg				oc. LOCATION - Elkrids		wn, State aryland		
21. SIGNATURE OF FUNERAL SERVICE	1. Shan	noz.	Hubbar	d Funera ilkens A	1 Home,		e. Md	. 21229		
23. PART Enter the diseases, of shock, or heart failure immediate Cause (Finel disease or condition resulting in deeth)	s. Caranov  DUE TO (OR AS A	ech line.						Approximata Interval Betwee Onset and Dasi		
Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  b. DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):										
PART II. Other significant conditi	one contributing to death b	death but not resulting in the underlying cause given i				Part I. 24a. WAS AN AUTOPSY PERFORMED?		24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO		
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	EXAMINER? HOSPITAL: OTHER:									
27. MANNER OF DEATH  1 Netural 5 Pending	1 Sea. DATE OF INJURY (Month, Day, Year)	26b. TIME	OF 28c. IN.	URY AT RK?	28d. DESCRIBE	**	CCURED			
2 Accident Investigation 3 Suicide 6 Could not b 4 Homicide determined	28 - PLACE OF IN HIDY	' — At home, farm, at			26f. LOCATION ( City or Town	Street and Numb , State)	per or Rural	Route Number,		
(Chican only p	/SICIAN: To the best of my know NER: On the basis of axaminetio							a) and grapper on clothed		
29b. SIGNATURE AND THE OF CERTIF	RESIDENT.	NTEMPSE	nenciue	29c, LICENSE NUM				2 2 90		
SO. NAME AND ADDRESS OF PERSON OF	WHO COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, I	S. Cato	n m.	Baltin	ore, M	s a	1229		
31. DATE FILEO (Month, Day, Year)	32. REGISTRAR'S SIGN					*				

## TO THE HOSPITAL, OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MARYLA		TMENT OF I		MENTAL HYGIE!				
	1. DECEOENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	DAY Y	3. TIME OF DEATH		
	Davi	d	R	eznikoff		1-9-90		10:40AM M		
	4. SOCIAL SECURITY NUMBER		yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8.	BIRTHPLACE (State or Foreign Country)		
	129-12-1811	1⊠M2□F 70	YRS.	53		3/7/19.		NEW YORK		
~	9e. FACILITY NAME (If not institution, give s	,			OR LOCATION OF DE	EATH .	9c. COUNTY			
DIRECTOR	Holy Cross Hosp	ital		Silver	Shring		Mont	comery County		
EC	10s. STATE 10b. COUNT	Y	10c. CIT	Y, TOWN OR LOCA	TION			10d. INSIDE CITY		
F	MD. MONT	GOMERY	SI	LVER SPI	RING			LIMITS?		
4	10e. STREET AND NUMBER	<del>_ :</del>		10	I. ZIP CODE		10g. CITIZEN OF WHAT COUNTRY?			
FUNERAL	11006 LOMBARDI R	D.			20901		υ.	S.A.		
5	11. MARITAL STATUS	12. WAS DECEDENT EVER IN FORCES? 1 YES				VIC ORIGIN? (Specify Youn, Puerto Rican, etc.)	es or No— 14	I. RACE — American Indian, Black, While, etc.		
BY	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR DAT			2 NO Specify			Specify:		
60	15. DECEDENT'S EDU	CATION	16a DECEMENT'S	USUAL OCCUPATI	OM	18b. KIND OF B	ISINESS/INDIES	WHITE		
E I	(Specify only highest grade Elementary/Secondary (0-12)			work done during m		166. KIND OF BI	Jamess/MD05	, int		
PL	Elementally/Secondally (0-12)	College (I-4 or 5+)	ס ייזס	RINGER		PIIR	LICATIO	NC		
COMPLET	17. FATHER'S NAME (First, Middle, Last)		KINT I	KINGER	ts. MOTHER'S NA	ME (First, Middle, Malde		211		
BE C	MORRIS REZNIKOFF	ı			IDA HO	CHMAN				
TO B	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street	and Number or Rural i	Route Number, City or To	wn, State, Zip Co	ode)		
F	BEATRICE REZNIKO	FF (spouse)	11006	Lombard	li Rd., S	Silver Spr	ing, Mo	3. 20901		
	26a. METHOD OF DISPOSITION  1	oval from State	PLACE OF DISPO other place)	SITION (Name of ca	metery, cremetory or	20c. L	OCATION City	y or Town, Stata		
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	22-90	22. NAME A	ND ADDRESS OF FA	CILITY				
	y Jonald	1 While			E ANATOM	Y BOARD,	BALTO.	, MD. 21201		
	23. PART I. Enter the diseases, preshock, or heart fallure.	complications that caused List only one cause on ea	the death, Do	not enter the m	ode of dying, suc	h as cerdiac or res	piratory srres	Interval Between		
	IMMEDIATE CAUSE (Final disease or condition							Onset and Daath		
	resulting in death)  a. Arteriosclerotic cardiovascular disease  Due TO (OR AS A CONSEQUENCE OF):									
-										
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	OUE TO (OR AS A	CONSEQUENCE O	F):						
CA	cause. Enter UNDERLYING CAUSE (Disease or Injury	c								
H	that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE O	F):						
H	Tooling in dom, the	d								
CAL	PART II. Other significant condition	ns contributing to death bu	t not resulting	In the underlyle	g ceuse given in	Part I. 24a. WAS A	N AUTOPSY ORMED?	24b. WERE AUTOPSY FINDINGS		
Š						1X XYES		AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?		
ME						Неад	only	1XXXIS 2 □ NO		
ä						nead	Only			
PHYSICIAN: MEDI	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		28. F	LACE OF OEATH (Ch	eck only one)				
YSI	1XXYES 2 □ NO	1 Inpetient 2/3/EP/Outpe	tient 3 🗆 DOA	4 - Nursing Ho		8 Dther (Specify)				
PH	27. MANNER OF DEATH  1 🕎 Natural 5 🗌 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIN	JURY W	JURY AT ORK?	28d. DEŞCRIBE HOW	INJURY OCCU	RED		
BY	2 Accident Investigation	00 - 01 105 05 10 11 11	444		YES 2 NO					
TED	3 Suicide 8 Could not be 4 Homicide datermined	28e. PLACE OF INJURY - building, atc. (Specif	y)	street, factory, on	<b>:</b> •	281. LOCATION (Stree City or Town, Stat		Hural Houte Number,		
Scholde 8 Could not be datermined building, atc. (Specify)  29a. CERT FIER (Chic) only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and placa, and due to the cause(a) and menner as stated.  2 MAEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and placa, and due to the cause(a) end manually stated to the cause (a) and menner as stated.										
								cause(s) end manner ee stated.		
								BIGNED (Month, Day, Year)		
) BE	1 Am				OCME		▶ 1-1	10-90		
5	James Kaplan, MD	10 COMPLETEO CAUSE OF DEA	TH (ITEM 27) (Type		n Street	,Baltimore	MD 21	201 VC		
ı	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNA	TURE	111 161	n otteet	, Daltimore	=,MD 21	.201		
	JAN 24 1990 A	de Kirden Por	482							

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burlal-transit permit. Pages 1, 2, 3 should

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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detailed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once

	1 - STATE OF MARY	LAND / DEPARTI			MENTAL HYGIE		90 0154		
ALTE ALIEN	1. DECEDENT'S NAME (First, Middle, Last) PAULINE RESN	ick			2. DATE OF DEATH MONTH		S. TIME OF DEATH		
0.00	05-38-67560 10M2 OF	95 YRS. "	F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	74	BIRTHPLACE (State or Foreign Couptry)		
TOR	98. FACILITY NAME (If not institution, give street and number)  96. CITY, TOWN OR LOCATION OF DEATH  96. COUNTY OF DEATH  96. COUNTY OF DEATH  RESIDENCE OF DECEDENT  98. FACILITY NAME (If not institution, give street and number)  96. CITY, TOWN OR LOCATION OF DEATH  96. COUNTY OF DEATH  RESIDENCE OF DECEDENT								
DIRECTOR	10a. STATE 10b. COUNTY WANTEDOWNEY	10c. CITY	TOWN OR LOCA	TION			10d. INSIDE CITY LIMITS? 1 YES 2 \( \square\) NO		
FUNERAL	6/05 Montrose Re	Ì.		1. ZIP CODE			N OF WHAT COUNTRY?		
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2 NO	If yes, a	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No- If yes, specify Cuban, Maxican, Puerto Rican, stc.)  1 VES 2 NO Specify:  Specify:					
PLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5+)	18a. DECEDENT'S US (Give kind of wor life. Do NOT use	rk done during m	ost of working	16b. KIND OF BUSINESS/INDUSTRY  OWN HOME				
COMPL	17. FATHER'S NAME (First, Middle, Linst)	The state of the s	00 11		ME (First, Middle, Maide				
ш	LOUIS GERSHOV			BASHA	SUSSM	AN			
0 8	19a. INFORMANT'S NAME (Type/Print)	19b. MAILING A	DDRESS (Street	and Number or Rural	Route Number, City or To	per, City or Town, State, Zip Code)			
	BERNARD RESNICK				PLACE BE	THESDA	,MD.20817		
	20a. METHOD OF DISPOSITION 1   ☐ Burlal 2 ☐ Cremation 3 ☐ Removal from State	20c. LOCATION — City or Town, Stata							
4 Donation 8 Other (Specify) KEHILLATH JACOB CEMETERY W.ROXBURY									
	21. SIGNATURE OF FUNERAL SERVICE LICENSE	N FUNER	A 2220	1					
	23. PART I. Enter the diseases, or complications that cause shock, or heart feliure. List only one cause on IMMEDIATE CAUSE (Final disease or condition	each line.					Onset and Death		
RTIFICATION	disease or condition resulting in death)  ACUTE RENAU FAILURE  BUECKS  DUE TO (OR AS A CONSEQUENCE OF):  CHRONIC DISTRUCTIVE LUNG- DISEASE 5 YEARS  DUE TO (OR AS A CONSEQUENCE OF):								
AL CE	PART II. Other eignificant conditions contributing to death  A-SHD, CHF	but not resulting in	the underlyle	ng cause given in	PERF	N AUTOPSY ORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE		
N: MEDIC					1 _ YES	2 1 NO	OF DEATH?		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:		26. I	LACE OF DEATH (C)	eck only one)				
2	1 YES 2 NO 1 Inpatient 2 ER/O	utpetient 3 🗆 DOA		ne 5 🗆 Residence	8 Other (Specify)				
	27, MANNER OF DEATH 28a. DATE OF INJUR (Month, Dey. Year	Y 28b. TIME (	TY W	JURY AT ORK?	28d. DEŞCRIBE HOW	INJURY OCCUI	RED		
R	2 Accident Investigation	my As been desired		YES 2 NO					
ETED	3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 28f. LOCATION (Street and Number or Flural Route Number, City or Town, State)								
3 Suicide 4 Homicide 5 Could not be determined  29s. CERTIFIER (Check only only) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and placa, and due to the cause(s) and results of the c									
O BE	Jenen Lysse	on ,	MD	DOS	885	29d. DATE 8	21/9D		
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF STEVEN LIPSON 6	121 MON	TROS	E RI	, ROCK	vice	E, MD		
	JAN 24 1990 July Savidson-A	GNATURE And All			7				

31. DATE FILED (Month, Day, Year)

32. REGISTRAR'S SIGNATURE

	DEPARTMENT OF HEALTH AND	MENTAL HYGIENE	90 01544
REGISTRAR CEI	RTIFICATE OF DEATH	REG. NO.	
1. DECEDENT'S NAME (First, Middle, Lest)		2. DATE OF DEATH MONTH DAY	3. TIME OF DEATH
LOUISE RAVENELL		1 22 9	0 9115Am
4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest t	Dirthday) IF UNDER 1 YEAR IF UNDER 24 HRS.		. BIRTHPLACE (State or Foreign
2010-1321 10 water 10	YRS. MONTHS DAYS HOURS MIN.	(Month, Day Year)	Country)
W7/ 70 2200 A		JAN. 2, 1921	DOUTH CARDINA
9e. FACILITY NAME (If not institution, give street end number)	96. CITY, TOWN OR LOCATION OF D	EATH 9c. COUNT	Y OF DEATH
UNION MEMORIAL HOSPITAL	BALTIMORE		
UNION MEMORIAL HOSPITAL			
	10c. CITY, TOWN OR LOCATION		10d, INSIDE CITY
S. CAROLINA	St Stopphone		LIMITS?
	OI. SITEMONS	Lac- current	
II. MATHEL STATUS  12. WAS DECEDENT EVER IN U.S. ARM FORCES? 1 YES 2 DAO	M. ZIP CODE	10g CITIZI	N OF WHAT COUNTRY?
114 Metta STREET	2941	9 1	3/4,
TL MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARM	13. WAS DECENDENT OF HISPA		4. RACE — American Indian,
	If yee, specify Cubrit, Mexic 1 TES 2 THO Speci		Black, White, etc.
3 Wildowed 4 Divorced IF YES, GIVE WAR OR DATES		,	DIACK
15. DECEDENT'S EDUCATION 16a. DECI	EDENT'S USUAL OCCUPATION	16b. KIND OF BUSINESS/INDU	STRV
(Specify only highest grade completed) (Give	s kind of work done during most of working Do NOT use retired.)		
15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5 +)		100	
MO	usewite		
17g FATHER'S NAME (First, Middle, Last)	18. MOTHER'S NA	AME (First, Middle, Maiden Surneme)	,
Ludius Canado	14/10	6 TSDAFI	
19e. INFORMANT'S NAME (Prec/Print) 19b.	MAILING ADORESS (Street and Number or Rural	Boute Number City or Tour State 7to C	'ordo)
Elicial Dannes	1101 11.64	ST CI -1	Ca Jakon
CITAL RAVEREI	4 Mmetta DI.	DI. DEPLEMS	JC 2977
20e. MCHOD OF DISPOSITION  1 Burlal 2 Cremetion 3 Removal from State	F DISPOSITION (Name of company, crematory or	Oc. LOCATION	ty or Toen, titale
4 Donation 5 Other (Specify)	Stephens Kaptist	(ish St. S	wohen & SC
21. SIGNATURE OF FUNERAL SERVICE LICENSEE	22. NAME AND ADDRESS OF F	ACILIFY	411 100
41 /1	MARSHALL	Willesur	Ett. PH
DUNIN/ MANNE	V/101 Flma	man the	RAHA 21229
23. EART I. Enter the disesses, or complications that coused the dear	th. Do not enter the mode of dying sur	ch as cardiec or manufacturary arms	
ahock, or haert failure. Liet only one seuse on eech line.			Interval Between
IMMEDIATE CAUSE (Final			Onset and Death
disease or condition as Presuma	meci		
DUE TO (OR AS A CONSEQU	JENCE OF):		
- 70. 04.7	Da Caralana D	Mrsc. last	tradent
Sequentially list conditions, DUE TO (OR AS A CONSCIU	IENCE OFF	Jasea Carper)	reciden
if any, leading to immediate	sence or.	~ 0 -	
Sequentieity list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	ME HEAVE	taller	
that initiated events DUE TO (OR AS A CONSEQU	JENCE OF):		
0.			
PART II. Other significent conditions contributing to death but not re-	suiting in the underlying cause given in		24b. WERE AUTOPSY FINDINGS
		PERFORMED?	MAILABLE PRIOR TO COMPLETION OF CAUSE
		1   YES 2   10	OF DEATH?
			1 TES 2 NO
25. WAS CASE REFERRED TO MEDICAL	26. PLACE OF DEATH (C	heck only one)	
EXAMINER?  1 YES 2 NO  HOSPITAL:  Linguitent 2 ER/Outpatient 3 C	OTHER:		
			IMPO
27. MANNER OF DEATH  28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF 28c. INJURY AT WORK?	28d. DESCRIBE HOW INJURY OCC	MED
/ 2 Accident Investigation	M 1 YES 2 NO		
	e, larm, street, factory, office	281. LOCATION (Street end Number of	r Flurel Route Number,
3 Suicide 5 Could not be determined building, etc. (Specify)		City or Town, State)	
200. CERTIFIER			
(Check only CERTIFYING PHYSICIAN: To the best of my knowledge, deat	th occurred at the time, date end place, and du	e to the cause(e) end manner as state	d.
29e. CERTIFIER (Check only one)  2 MEDICAL EXAMINER: On the basic of examination and/or interpretations.	vestigation, in my opinion, death occured at th	e time, date and place, and due to the	cause(e) and manner as stated.
20b. SIGNATURE AND TITLE OF CENTIFIER	29c, LICENSE NU	IMBED 204 DATE	\$IGNED (Month) Day, Year)
Dela Distance	SAC FICENSE NO	29d. DATE	C. C.
LOUR ATTACK			2240
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM	27) (Type, Print)		

1203-3146

BALTIMORE, MARYLA

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Jurs after death. Page 6 may be retained by the THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at or

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	REGISTRAR	CERTIF	ICAI E	DE DEATH	REG. NO	•			
Î	1. DECEDENT'S NAME (First, Middle, Last)  Resembera Amuel	SAMUEL	ROSEN	BERG	6 1 /	AY YEAR 6 90	3. TIME OF DEATH		
	217-05-1632A 1 XM 2 DF 77	yrs. last birthday)   		YS HOURS MIN.	(Month, Day, Year) 4/6/12	8. BIR Cou	THPLACE (State or Foreign intry) MARYLAND		
TOR	9a. FACILITY NAME (If not institution, give street and number)  BALTIMORE COUNTY GEN. HOSPITA  RESIDENCE OF DECEDENT	ΑĽ	96. CITY, TOWN OR LOCATION OF DEATN RANDALLSTOWN BALTIMO						
FUNERAL DIRECTOR	10a. STATE 10b. COUNTY MARYLAND	10c. CIT	10c. CITY, TOWN OR LOCATION BALTIMORE			10d. INSIDE CITY LIMITS? 1X YES 2 NO			
ERAL	106. STREET AND NUMBER 3214 PINKNEY RD.		101. ZIP CODE 21.21			10g. CITIZEN OF US	WNAT COUNTRY?		
B	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced  12. WAS DECEDENT EVER IN FORCES? 1.F. YES IF YES, GIVE WAR OR DA	2 NO	13. WAS	DECENDENT OF HISI a, specify Caban, Max YES 2 NO Spe	PANIC ORIGIN? (Specify Yelican, Puerto Rican, atc.)	Sid	CE — American Indian, ack, Whita, etc. ecity: WHITE		
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5+)	16a. DECEDENT'S (Give kind of villa. Do NOT us	work done durir se retired.)	PATION og most of working	16b, KIND OF BU	SINESS/INDUSTRY			
	17. FATHER'S NAME (First, Middle, Last) CHARLES ROSENBERG	CHE	IVII.	16. MOTNER'S	NAME (First, Middle, Meiden GERTRUDE	Sumame) LEVIN			
TO BE	19a. INFORMANT'S NAME (Type/Print) MRS. FLORENCE MARTINEZ	19b. MAILING 3655	GRAY F	reet and Number or Rui	el Route Number, City or Tow ELLICOTT C	n, State, Zip Code)	21043		
	1 LABurial 2 Cremation 3 Removal from State	other place)		of cometery, cremetory of		CATION — City or ROSEDALE			
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE				FACILITY ISON & BROS RSTOWN RD.		MD 21215		
CERTIFICATION	Sequentially list conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	and the deeth. Do not enter the mode of dying, such as cerdiec or reepiratory arrest, and line.  Appropriate the mode of dying, such as cerdiec or reepiratory arrest, interventions of a consequence of the mode of dying, such as cerdiec or reepiratory arrest, appropriate to the cerdiec or reepiratory arrest, and the cerdiec or re							
MEDICAL	PART II. Other algnificent conditions contributing to death by	ut not resulting	not resulting in the underlying cause given in Part i.  24s. WAS AN AI PERPORMI						
PHYSICIAN:	25. WAS CASE REFERENCE TO MEDICAL EXAMINER?  1 YES 10 Input on 2 TER/Cutput	release 2 7 DOA	OTHER:	6. PLACE OF DEATN					
BY PHYS	27. MANNER OF DEATH  1	28b. TIM	IE OF 28	c. INJURY AT WORK?  YES 2 NO	28d. DESCRIBE NOW	INJURY OCCURED			
	2 Accident Investigation 3 Suicide 8 Coule not be determined 28e. PLACE OF INJURY building, etc. (Special Country of the count	— At home, farm,	street, factory,	office	281, LOCATION (Street City or Town, State		al Route Number,		
COMPLETED	29a. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the best of my knowledge one)  2 MEDICAL EXAMINER: On the basic of examination						e(a) and manner as stated.		
BE	296. SIGNATURE AND TITLE OF CERTIFIER  - SUNSANG N	1-0		29c. LICENSE I	NUMBER 5740	29d. DATE SIGN	Ed (Month, Day, Year)		
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEA	2-10 /	Print) ARK	Ht. A.	a, Bull	- mb	21215		
	JAN 2 4 1990	WHE			1				

BALTIMORE, MARKLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	1 - STATE STATE OF MARYLAND /	DEPARTMI			MENTAL	HYGIENE REG. NO.	rdst		
	1, DECEMENT'S NAME (First, Middle, Legt Rosenthal)				2. DATE O		790	3. TIME OF DEATH  400 A M	
	.214-14-5966 XM20F &C	4-5966 1XM 2 - F & YRS. MONTHS DAYS HOURS MIN.						PLACE (State or Foreign	
TOR	9a. FACILITY NAME (If not institution, give street and number)  Sinai Hospital  RESIDENCE OF DECEMBENT	96.	U_ 1 1 1	MOVE	City	/ / 1	CHIMEN OF DE	EATH	
DIRECTOR	10a. STATE 10b. COUNTY MARYLAND	10c. CITY, TO	WN OR LOCAT	ION PIMORE			10d. INSIDE CITY LIMITS? 1 YES 2 NO		
ERAL	3610 CLARINTH RD., APT. 1-D		101. ZIP CODE 21215					HAT COUNTRY?	
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced  12. WAS DECEDENT EVER IN U.S. AI FORCES? 1 YES AVE IF YES, GIVE WAR OR DATES	RMED NO	If yes, spe	ENDENT OF HISPAI ecity Cuban, Mexica 2 4NO Specif	in, Puerto Ri	(Specify Yes or No- can, etc.)	14. RACE Black Specif	— American Indian, White AlCTE	
PLETED	(Specify only highest grade completed) (C	ECEDENT'S USUA Bive kind of work of the Do NOT use retire VICE	ione during mo	st of working	16b. I	W.T.COW		CKING CO.	
BE COMPL	17. FATHER'S NAME (First, Middle, Last) ALBERT ROSENTHAL			]	ELLA	ddle, Malden Surnam UNKNO	WN		
TO E	MRS. EDNA ROSENTHAL	3610 0	LARIN	TH RD.,		City or Town, State  1-D BAL	TO.,MD		
	1 A Burial 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify)		AMUNO (ARLINGTON) BA				CATION — City or Town, State ALTIMORE, MD		
	21. SIGNATURE OF FUNERAL SERVICE LICENSIFE					BROS., RD. BA		D 21215	
NO	23. PART Ener the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory arrest, hour, or heert failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  a. FPSTS  BUE TO (OR AS A CONSEQUENCE OF):  CLOSED HEAD TNJVRY WITH  DUE TO (OR AS A CONSEQUENCE OF):  TNTRA PARENCHYMAL BLEEDING								
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST		+YM1	7L BL	.EED	ING			
MEDICAL	PART II. Other algorificant conditions contributing to death but not	resulting in th				PERFORMED? AM 1 YES 2 NO OF		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO 1 A Inpetient 2 ER/Outpetient		HER:	ACE OF DEATH (Cr					
	27. MANNER OF DEATH  1 Netural 5 Pending  28e. DATE OF INJURY (Month, Day, Year)	26b. TIME OF	26c. INJ WO	URY AT		CRIBE HOW INJURY	OCCURED		
TED BY	2 Accident Investigation Investigation Suicide						mber or Rural F	loute Number,	
COMPLET	29a. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the best of my knowledge, d 2 MEDICAL EXAMINER: On the best of axamination and/or							and manner as stated.	
BE	THE SHATURE AND TITLE OF CERTIFIER AND THE MED	Resi	dent	29c. LICENSE NU	MBER	29d.	DATE SIGNED	(Month, Day, Year)	
TO	any Brown-Holt, MD	De pr	tofi	Med.	Sina	i Hosp	pital	Baltimor	
	31. DATE FILED (North, Day, Your) 32. REGISTRAR'S SIGNATURE 1AN 2 4 1990 Sub Saindson Range	2							

hed for use as the burial-transit permit. Pages 1, 2, 3 should TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be regimed by TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page is shown to be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at

hospital or attending physician.

BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO BE COMPLETED BY FUNERAL DIRECTOR TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE OF DEATH	REG. NO.

FOR STATE REGISTRAR	TATE OF MARYLA		TMENT OF I			GIENE G. NO.		
1. DECEDENT'S NAME (First, Middle, Last)  Jessie R. Smith					2. DATE OF DE	ATH DAY	90	3. TIME OF DEATH
220-22-5911	M 2 X F	yrs. last birthday) 71 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIF (Morgh, Day, 1/7/1	9 9	Ke	ntucky
9a. FACILITY NAME (II not institution, give street of Howard County General RESIDENCE OF DECEDENT	ŕ	1		umbia	EATH		ard	DEATH
100. STATE 100. COUNTY Md. Howard			, TOWN OR LOCA	177				10d. INSIDE CITY LIMITS? 1 YES 2 X NO
10s. STREET AND NUMBER				f. ZIP CODE		10g. Cr	TIZEN OF	WHAT COUNTRY?
and the second s	WAS DECEDENT EVER IN U			21227 CENDENT OF HISPA Hecity Cuben, Mexico			14. RAC	USA E — American Indian, ik, White, etc.
1 Never Married 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE WAR OR DAT	ES	1 _ YE	2 NO Specif	ly:		Spec	
15. DECEDENT'S EDUCATIO (Specify only highest grade complete processes)  Elementary/Secondary (0-12)		16a. DECEDENT'S (Give kind of w life. Do NOT us		ON ost of working	18b. KIND	OF BUSINESS/IN	IDUSTRY	
17. FATHER'S NAME (First, Middle, Last)  James W. Stevens		- Homes		14	ME (First, Middle,	Maiden Surname)		
190. INFORMANT'S NAME (Type/Print)  Charles E. Smith				Avenue,				27
20g METHOD OF DISPOSITION 1 Buriel 2 Cremetion 3 Removal	from Sinte	PLACE OF DISPOS	SITION (Name of ce	metery, cremetory or		20c. LOCATION -	- City or T	own, State
4 Donation 6 Other (Specify)  21. SIGNATURE OF PURENAL SERVICE LICENS		Gien Hav	22. NAME A	rial Par ND ADDRESS OF FA L. Kauf Main St	man Fun		mes	21227
IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentielly list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events.	DUE TO (OR AS A O	CONSEQUENCE OF	your Your Ru	DIE DIAL LNOVA	HOCK INFR	RCTIO EDEM	N A	
PART II. Other significent conditions or	entributing to death but	t not resulting	in the underlyin	g cause given in		WAS AN AUTOPS	Ý 24	b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE
					_   10	YES 2 MO		OF DEATH?  1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:	Hard 2 7 DOA	OTHER:	LACE OF DEATH (C				
27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b, TIM	E OF 28c. IN	JURY AT DRK? YES 2 NO		E HOW INJURY O	CCURED	
3 Suicide 6 Could not be determined	26s. PLACE OF INJURY - building, etc. (Specif	Al home, farm,	street, factory, offi	00	261. LOCATION City or Tow	(Street end Numb n, State)	per or Runal	Route Number,
29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN 2   MEDICAL EXAMINER: 0								(e) end menner es stated.
206. SIGNATURE AND TITLE OF CERTIFIER	mico	nD.		29c. LICENSE NU		•	1-	D (Month, Day, Year) 21 - 90
30. NAME AND ADDRESS OF PERSON WHO CO Richard W. Smith			X Ri	dje R.	1. Co	lunbi	à,	nd. 210 4\$
1AN 24 1990 Julia	32. REGISTRAR'S SIGNA	TURE						

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funeral di	hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	tiem 20 to marked as Item 92 shows any letter or other transfits avant the marked avantage mu
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After	death	-
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DIREC	hours	Same.

1. DECEDENT'S NAME (First, Middle, L		/ver				2. DATE MONT	OF DEATH DAY	90	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 040-18-2958	5. SEX 1 M 2 X F	8. AGE (In yrs. last birth	RS. MONTHS	DAYS HOURS	MIN.	SEP1	OF BIRTN	8. BIR	TIMPLACE (State or Foreign intry)  NNECT/CUT
Ba. FACILITY NAME (II not institution, S JEWISH CONVALE	ESCENT & NU	RSING HOME		, town or locat BALTII	Hard Town		90	E. COUNTY OF	BALTIMORE
100. STATE 100. CO MARYLAND			CITY, TOWN O	LTIMORE					10d. INSIDE CITY LIMITS?
10e. STREET AND NUMBER 7920 SCOTTS LE	WEL DD			10f. ZIP COD	£		10	USA	WHAT COUNTRY?
11. MARITAL STATUS  1 Never Merried 2 Merried  3 Widowed 4 Divorced	12 WAS DECEDEN	T EVER IN U.S. ARMED YES 2 150 HAR OR DATES	1	WAS DECENDENT If yes, specify Cub 1 YES XXNO	OF NISPA	NIC ORIGIN		No- 14. RA Bis	ICE — American Indian, ack, White, etc.
15. DECEDENT'S (Specify only highest Elementary/Secondary (0-12)		(Give killife. Do f	IOT use retired.)	CCUPATION during most of work			KIND OF BUSINE		
17. FATHER'S NAME (First, Middle, Las		[ DIC	MOLID F				Middle, Maiden Sun		
JOSEPH WEISSMA	AN						BLUM	9111	
19a. INFORMANT'S NAME (Type/Print) KENNETH SILVER	R	31	LANCAS	S (Street end Number STER RD.	or Rura NE	WION	MA 02	1158 Code)	
20a. METHOD OF DISPOSITION 1	Removal from State	other place)	JACOB	ame of cemetery, cre	matory or			HAVEN	
		D MUT	ONCOD				11211		
/ /	Leven	av-	Do not enter	ths mode of d	STER	NSON STOWN ch as can	& BROS, NRD. B	SALTO.,	MD 21215 Approximats Interval Between
23. PART I. Enter the diseases.	or complications the ture. List only one can be due to due	av-	Do not enter  CE OF):	SOL 5010 REI	STER	NSON STOWN ch as can	& BROS, NRD. B	SALTO.,	MD 21215 Approximats Interval Between
23. PARU I. Enter the diseases shock, or haart fall shock, or haart fall disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	b. DUE TO	It caused the death. Use on each line. OCARDIA (OR AS A CONSEQUEN (OR AS A CONSEQUEN	Do not enter  CE OF):  CE OF):	SOL 5010 REI the mode of dy	LEVI STER Ing, su	NSON STOWN ch as csn	& BROS, NRD. B	ALTO., pory srrest, BCC	Approximats Interval Betwee Onset and Deat
23. PART I. Enter the diseases, shock, or hasn't fall MMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other significant conditions of the	b. DUE TO  d. HOSPITAL:	it caused the death. Use on each line.  CARDIM (OR AS A CONSEQUEN  (OR AS A CONSEQUEN  OR AS A CONSEQUEN  death but not resul	Do not enter  CE OF):  CE OF):  CE OF):	SOLI 5010 REI This mode of digital formation of the mode of digital formation of the mode of digital formation of the mode of digital formation of the mode of the	GEATH (C	NSON RSTOWN ch as can / ( / / / / / / / / / / / / / / / / / /	& BROS, NRD. B diac or respirate  Congression  24a. WAS AN AUT PERFORME  1 YES 2   ne)	ALTO., pory srrest, BCC	Approximate Interval Betwee Onset and Deat Interval Betwee Onset and Deat Interval Betwee Onset and Deat Interval Betwee Onset and Deat Interval Betwee Onset and Deat Interval Betwee Onset Interval Betwee Onset Interval
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23. PART I. Enter the diseases, shock, or hasn't fall MMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant conditions of the	b. DUE TO d. DUE	t caused the death.  Ise on each line.  CARDIA  (OR AS A CONSEQUEN  (OR AS A CONSEQUEN  (OR AS A CONSEQUEN  death but not result  ER/Outpetient 3   15	Do not enter  CE OF):  CE OF):  CE OF):  CE OF):  CE OF):  The unit of the uni	SOLITO REIL This mode of dy  CAPP CT  This mode of dy  CAPP CT  This mode of dy  CAPP CT  This mode of dy  CAPP CT  This mode of dy  CAPP CT	GEATH (C	n Part i.	& BROS, NRD. B diac or respirate  Congression  24a. WAS AN AUT PERFORME 1 YES 2   ne)	TOPSY D? NO	Approximats Interval Betwee Onset and Deat  Approximats Interval Betwee Onset and Deat  Approximats Interval Betwee Onset and Deat  Approximats Interval Betwee Onset and Deat  Approximats Interval Betwee Onset and Deat
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23. PART I. Enter the diseases, shock, or hasrt fall MMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant conditions of the conditions of the conditions of the conditions of the cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant conditions of the co	b. DUE TO d. DUE TO d. DUE TO d. 28e, PLACE of building to be bed of MINNER: On the basic of out the basic of	t caused the desth.  Ise on each line.  CARDIA  (OR AS A CONSEQUEN   Do not enter  CE OF):	SOLIO REIL  This mode of di  FORCE  THIS MODE CALL  THIS MODE	Geath (Consideration of the consideration of the co	INSON RSTOWN Ch as carried In Part I.  Check only o  28d, DE  28f, LOChy che to the ca	& BROS, NRD. B diac or respirate  Company  24a. WAS AN AU PERFORME  1 YES 2   are (Specify) SCRIBE NOW INJU  CATION (Street end or Town, State)  suse(e) end manne e and place, end de	TOPSY D? NO  Number or Rur r se stated, lue to the cause	Approximats Interval Between Onset and Deat  AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO	

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	0.1	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or rem	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medic
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2+ hours at	-	۵	=

FOR STATE REGISTRAR CERTIFICATE OF DEATH DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH RAYMOND SACHS 11990 01 18 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs, last birthday) 8. BIRTNPLACE (State or Foreig IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH Y11/27/04 MONTHS DAYS HOURS MIN. MARYLAND 220-30-4954 85 MXN 2 - F YRS. 9e. FACILITY NAME (If not institution, give street and number) 9h CITY TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATN HOMEWOOD HOSPITAL SOUTH BALTIMORE DIRECTOR RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION RE MARYLAND 10b. COUNTY 10d. INSIDE CITY
LIMITS?
YES 2 NO FUNERAL 10s. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 21215 USA 6711 PARK HEIGHTS AVE., APT. 118 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 YOU IF YES, DIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or Noif yes, specify Cuben, Mexicen, Puerto Rican, etc.)

1 YES 2 NO Specify: 14. RACE — American Indian, Black, White alc Specify: WHITE 1 Never Married 2 X Married BY 3 Widowed 4 Divorced COMPLETED 16. DECEDENT'S EDUCATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) PHARMACIST DRUGS (MEDICAL) 17. FATNER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surname) HATTIE SANDLER MICHAEL SACHS BE MRS. YETTA SACHS 196 MAILING ADDRESS (Street 21 Mumbers Rug Revie Number Sin or Town Serie, Zip Code) 2 BALTIMORE. MD 21215 20a. METHOD OF DISPOSITION
1 ☑ Surial 2 ☐ Cremation 3 ☐ Removal from State 20b. PLACE OF DISPOSITION (Name of cometery, crematory or 20c. LOCATION --- City or Town, State ANSHE EMUNAH BALTIMORE, MD 4 Donation 5 Other (Specify) 22. NAME AND ADDRESS OF FACUTY & BROS., INC. 21. SIGNATURE OF PUNERAL SERVICE LICENSES OS. 21215 6010 REISTERSTOWN RD. BALTO., MD una applications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, **Approximate** ock, or heart fallure. List only one cause on each line Interval Between IMMEDIATE CAUSE (Final Onset and Death OUE TO (OR AS A CONSEQUENCE OF): disease or condition resulting in death) MYO (ARD); AC INFARCTION
DUETO (OR AS A CONSEQUENCE OF):
DUETO (OR AS A CONSEQUENCE OF): PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, if any, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury PNEUMON;/ DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST PART II. Other eignificant conditions contributing to deeth but not resulting in the underlying cause given in Part I, 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? PERFORMED? 1 - YES 2 7 NO 1 TES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER?

1 YES 2 NO 26. PLACE OF DEATN (Check only one) HOSPITAL:

No Inpatient 2 ER/Outpatient 3 DOA OTHER: ig Home 8 🗆 Residence 8 🗆 Other (Specify) 4 D Nu 27, MANNER OF BEATH 26a. DATE OF INJURY (Month, Day, Year) 26c. INJURY AT WORK? 28b. TIME OF 284 DESCRIBE NOW INJURY OCCUPED 1 🕍 Natural 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Sulcide 281. LOCATION (Street and Number or Rural Route Number, City or Town State) 8 Could not be determined COMPLETED 4 Nomicide 1 GERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER BE 11181 mjan 0169 MO 9 30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) South hospita AN HOMEWOON JAN 24 1990 32 REGISTRARY SIGNATURE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

BALTIMORE, MARYLAND 21203-3146

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2. You'rs after death. Page 6 may be retained TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified a DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	FOR STATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
9	REGISTRAR	CERTIFICATE OF DEATH	REG. NO.

1. DECEDENT'S NAME (First, Middle, Lest	e)		CATE OF		REG. NO.		
Thomas H. St		554			MONTH DA	a di	
4. SOCIAL SECURITY NUMBER		E (In vrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		BIRTHPLACE (State or Foreign
157-03-2254	1 1 1 2 DE		MONTHS DAYS	HOURS MIN.	(M7173714		NEW YORK
9a. FACILITY NAME (If not institution, give	s street and number)		9b. CITY, TOWN C	R LOCATION OF O		9c. COUNTY	
BALTIMORE COUNTY	, and a second of	SPITAL		ANDALLST			LTIMORE
10e. STATE 10b. COUN	ITY	10c. CITY	TOWN OR LOCAT	ION			10d. INSIDE CITY
MARYLAND	BALTIMORE		RANDA	ALLSTOWN			1 TYES 2 NO
10s. STREET AND NUMBER			101	, ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
3710 DOWNEY DALE				211			USA
1 Never Married 2 Merried 3 Widowed 4 Olverced	12. WAS DECEDENT EVER FORCES? 1 XE IF YES, GIVE WAR OR	S 2 NO DATES	If yes, sp-		NIC ORIGIN? (Specify Yea in, Puerto Rican, etc.) y:		RACE — American Indian, Black, White, etc. Specify: WHITE
15, DECEDENT'S ED		II - ARMY	ISHAL OCCUPATION	NA .	16b, KIND OF BUS	INCRE (INDITE)	ew.
(Specify only highest gree	de completed)	(Give kind of w	ork done during mo	st of working	160, KIND OF BUS	INCSS/INDUST	RY
Elementary/Secondary (0-12)	College (1-4 or 5 +)				II.S	S. GOVE	RNMENT
17. FATHER'S NAME (First, Middle, Lest)		U	S DISP	TCH ACE	AME (First, Middle, Maiden		
JAMES SHAUGHNESS	SY				NNA SPECKMA		
19a. INFORMANT'S NAME (Type/Print)		19h MAII INO	ADDRESS (Sweet		Route Number, City or Town		le)
MRS. MIRIAM SHAU	IGHNESSY			DALE DR			
20a. METHOO OF DISPOSITION  1 X Xurial 2 Gremation 3 Gre	12	Ob. PLACE OF DISPOSI	TION (Name of cer	netery, crematory or	20c, LO	CATION — City	or Town, State
4 Donation 5 Other (Specify)		BALTIMOR				EISTERS	TOWN, MD
21, SIGNATURE OF FUNERAL SERVICE I	Leuis		S		SON & BROS. STOWN RD.	, INC.	
IMMEDIATE CADSE (Final disease or condition resulting in death)	e. List only one cause on  WHAD TA  OUE TO (OR AS	tic LING	- /	00			Onset and De
Sequentielly list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	DUE TO OR AS	DUE TO LOR AS A CONSEQUENCE OF: Windows Chat tube placement					19 Coment
that Initiated events resulting in death) LAST	o malyna	0 01		effun	NON		
	one contributing to death	but not resulting in	the underlying	g cause given in	Part I. 24s. WAS AN		
PART II. Other aignificant condition					PERFOR		24b. WERE AUTOPSY FINDIN AMILABLE PRIOR TO COMPLETION OF CAUSI OF DEATH?
PART II. Other aignificant condition					PERFOR		AMILABLE PRIOR TO COMPLETION OF CAUSE
25. WAS CASE REFERRED TO MEDICAL				ACE OF DEATH (C	PERFOR		AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
	HOSPITAL:	utpatient 3 🗆 DOA	OTHER:	.ACE OF DEATH (C	PERFOR		AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1  YES 2 NO 27. MANNEB OF OEATH 1 Netural 5 Pending	1 Senpatient 2 ER/O  28e. DATE OF INJUR (Month, Day, Year	Y 28b. TIME	OTHER: 4 Nursing Hom OF 28c. INJ	.ACE OF DEATH (C	PERFOR	□-M6	MAILABLE PRIOR TO COMPLETION OF CAUSI OF DEATH?  1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   YES 2   NO  27. MANNEB OF CEATH	1 82 Inpatient 2 □ ER/O  28e. DATE OF INJUR (Month, Day, Your	Y 28b. TIME INJU	OTHER: 4 Nursing Hom OF 28c. INJ M 1	ACE OF DEATH (C) to 6 Residence URY AT RK7 YES 2 NO	PERFOR  1 YES 2  heck only one)  6 Other (Specify)	NJURY OCCUR	MAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?  1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNEB OF OEATH  1 Netural 6 Pending Investigation 3 Sutoide 6 Could not be determined  29a. CERTIFIER (Check only)	28e. PLACE OF INJUR 28e. PLACE OF INJUR 28e. PLACE OF INJUR 28e. PLACE OF INJUR 28c. PLACE OF INJUR 38c. P	Y 26b. TIME INJURY — At home, farm, a pocity)	OTHER: 4 Nursing Hom C OF 28c. INJ JRY WO 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ACE OF DEATH (C	PERFOR  1 YES 2  heck only one)  5 Other (Specify)  28d. DESCRIBE HOW I  City or Town, State)	NJURY OCCURI	MAILABLE PRIOR TO COMPLETION OF CAUSI OF DEATH?  1 YES 2 NO  Rural Route Number,
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	28e. DATE OF INJUR (Month, Day, Year  28e. PLACE OF INJUR building, etc. (S)  7SICIAN: To the best of my kn	Y 26b. TIME INJURY — At home, farm, a pocity)	OTHER: 4 Nursing Hom C OF 28c. INJ JRY WO 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	.ACE OF DEATH (C) Le 6 Residence URY AT LY ES 2 NO Le Le and place, and du Leath occurred at the	PERFOR  1 YES 2  Theck only one)  6 Other (Specify)  26d. DESCRIBE HOW to City or Town, State)  26f. LOCATION (Street City or Town, State)  a to the cause(a) and main to the cause(a) and main to the cause(a) and main to the cause(a) and main to the cause(a) and main to the cause(a) and main to the cause(a) and main to the cause(a) and main to the cause(a) and main to the cause(b) and main to the cause(c) and main to t	NJURY OCCURI	AMAILABLE PRIOR TO COMPLETION OF CAUSI OF DEATH?  1 YES 2 NO  FOR THE PRIOR TO COMPLETION OF CAUSI OF DEATH?  1 YES 2 NO  FOR THE PRIOR TO COMPLETION OF CAUSI NO PRIOR TO THE
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	28e. DATE OF INJUR (Month, Dey, Year  26e. PLACE OF INJUR 26e. PLACE OF INJUR building, etc. (S)  (SICIAN: To the best of my kn  NER: On the basis of examinar  IER	Y 28b. TIME INJU	OTHER: 4 Nursing Hom OF 28c. INJ INY M 1 Nursing WC 1 Nur	ACE OF DEATH (C	PERFOR  1 YES 2  heck only one)  6 Other (Specify)  26d. DESCRIBE HOW I  City or Town, State)  a to the cause(a) and main time, data and place, and	NJURY OCCURI	MAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?  1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNEB OF CEATH  1 Netural 5 Pending Investigation 3 Sutoide 6 Could not be determined  29a. CERTIFIER (Check only One) 2 MEDICAL EXAMIN  28B. BIGHATURE AND TITLE OF CERTIFIER  30. NAME AND ADDRESS OF PERSON V	28e. DATE OF INJUR (Month, Dey, Year  26e. PLACE OF INJUR 26e. PLACE OF INJUR building, etc. (S)  (SICIAN: To the best of my kn  NER: On the basis of examinar  IER	Y 28b. TIME INJU	OTHER: 4 Nursing Hom OF 28c. INJ INY M 1 Nursing WC 1 Nur	ACE OF DEATH (C)  B 6 Residence URY AT  YES 2 NO  B  and place, and du  leath occured at the	PERFOR  1 YES 2  heck only one)  6 Other (Specify)  26d. DESCRIBE HOW I  City or Town, State)  a to the cause(a) and main time, data and place, and	NJURY OCCURI	AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?  1 YES 2 NO  FOR THE PRIOR TO CAUS OF DEATH?  1 YES 2 NO  Route Number,
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO  27. MANNEB OF OEATH  1  Netural 5  Pending Investigation 3  Sutcide 6  Could not be determined  29e. CERTIFIER (Check only one) 2  MEDICAL EXAMINED THE AND TITLE OF CERTIFIER  30. NAME AND ADDRESS OF PERSON V	28e. DATE OF INJUR (Month, Dey, Year  26e. PLACE OF INJUR 26e. PLACE OF INJUR 26e. PLACE OF INJUR building, etc. (S)  (SICIAN: To the best of my kn NER: On the basis of examinar  WHO COMPLETED CAUSE OF	Y 26b. TIME (NJL)  RY — At home, farm, at pecify)  owledge, dasth occurrention and/or investigation  DEATH (ITEM 27) (Type,	OTHER: 4 Nursing Hom OF 28c. INJ INY M 1 Nursing WC 1 Nur	ACE OF DEATH (C)  B 6 Residence URY AT  YES 2 NO  B  and place, and du  leath occured at the	PERFOR  1 YES 2  heck only one)  6 Other (Specify)  26d. DESCRIBE HOW I  City or Town, State)  a to the cause(a) and main time, data and place, and	NJURY OCCURI	AMAILABLE PRIOR TO COMPLETION OF CAUS OF BEATH?  1 YES 2 NO  Route Number,

BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 52 mours after death. Page TO THE FUNEFAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examination.

LOLE

JAN 24

FRANKLIN

32. REGISTRAR'S SIGNATURE

	FOR STATE REGISTRAR		STATE OF I		/ DEPAR						GIENI	Ε -			
	1. DECEDENT'S NAME (First		TRAY							2. DATE OF D		š (	YEAR O	3. TIME OF DEATH  5 30 P M	
	4. SOCIAL SECURITY NUMBER		5. SEX	6. AGE (In yrs.	last birthday)	IF UNDE	R 1 YEAR	IF UNDER	1 24 HRS.	7. DATE OF BI			8. BIRTN	IPLACE (State or Foreign	
	241-20-	6771	1 M 2 F	6	7 YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day,	Ypar)	1922	Countr	у)	
		Se. FACILITY NAME (If not institution, give street and number)				9b. CIT	Y. TOWN	OR LOCATI	ON DE DE	EATH	-			NORTH CAROLINA	
DIRECTOR	ANNE ARUN	NDEL HO					NAPO:							RUNDEL	
E C	10a. STATE	10b. COUNTY	Y		10c. CIT	Y, TOWN	OR LOCA	TION						10d, INSIDE CITY	
	MD.	ANNE	ARUNDEL		Al	NAPO	OLIS							LIMITS?	
AL	10e. STREET AND NUMBER			-			10	f. ZIP COD	E			10g. CITI	ZEN OF W	VHAT COUNTRY?	
E	305 EDGEMER	RE DR.						214	103			U	.S.A		
BY FUNERAL		11. MARITAL STATUS  1 Never Merried 2 Merried 3 Widowed 4 Divorced  12. WAS DECEDENT EVER IN U.S FORCES? 1 YES 2 IF YES, GIVE WAR DR DATES		YES 2			Il yes, sp	CENDENT (Decify Cube 2 X ND	n, Maxice	NIC ORIGIN? (Sp. nn, Puerto Ricen, y:	etc.)	or No—	Speci		
	15, DEC	EDENT'S EDU	CATION	16a.	DECEDENT'S	USUAL C	CCUPATE	ON		185 KIME	OF BUE	INESS/IND		ETTT	
E	(Specify onl	ly highest grade	completed)		(Give kind of Ille. Do NOT u	work done	during me	ost of workli	ng	TOUR PURPL	OF BUS	INESS/IND	USINI		
7	Elementary/Secondary (I	0-12)	College (1-4 or 5	+)											
COMPLETED	17. FATHER'S NAME (First, M	Melettin ( emb)													
			T FOLL							ME (First, Middle,					
88	CLARKE WII		ALTON					II.		EMMA WI					
2	19e. INFORMANT'S NAME (									Route Number, Ch					
1	GEORGE TRAY		(son)							napolis	, Mc	1. 2	1403	3	
	20a. METHOD OF DISPOSIT 1 ☐ Burlel 2 ☐ Crematic 4 월 Donation 6 ☐ Other	on 3 🗆 Rem	ovel from State	20b. PLA	CE OF DISPO or place)	SITION (N	ame of ce	matery, crev	netory or		20c. LO	CATION —	City or To	wn, Stata	
	21. SIGNATURE OF FUREBA	Wed	1100	elle	-22-9 -		STAT		ATOM	Y BOARD				21201	
	23. PART f, Enter the d shock, or h IMMEDIATE CAUSE (Fir disease or condition	eart feliure.	List only one car	use on each	line.						or respi	ratory arr	eat,	Approximate interval Between Onset and Deeth	
	reaulting in death)	$\rightarrow$	. L	COR AS A COR	ctory	ل	w	uff	we	ncy				10 days	
			DUE TO	(OR AS A COR	SEDUENCE O	F):		00						2	
Z	Sequentielly list condit	lone	b	tstu										Lyears	
CERTIFICATION	If eny, leeding to imme	diate	DUE TO	(OR AS A CON	SEQUENCE O	₩):									
2	CAUSE (Disease or Inju		C												
E	that initiated eventa		DUE TO	(OR AS A CON	SEQUENCE O	F):									
EH	resulting in death) LAS	"	d												
	PART II. Other eignifice	ent condition	an contribution to	death but o	ot consulting	In the se	a da uli ilu		aluen la	Dark I Total		AUTOPSY		WERE AUTOPSY FINDINGS	
SAL	0	4 1	DA.	imor	or resulting	III tile u	ildanyiii	d cense	Stagn III		PERFOR	MED?	240	AWAILABLE PRIOR TO	
MEDIC		ence	1100	unov	ua					1 🗆	YES 2	NO		OF DEATH?	
W														1 YES 2 NO	
ż															
N N	25. WAS CASE REFERRED T EXAMINER?	O MEDICAL						LACE OF D	DEATN (Ch	neck only one)					
Sic	1 TES 2 NO		HOSPITAL:	☐ ER/Outpatien	1 3 DOA	4 Nu		ne 6 🗆 A	ealdence	6 Other (Spe	clfy)				
PHYSICIAN:	27. MANNER OF DEATH		28a. DATE Of (Month, I	INJURY	28b. T/A	NE OF	26c. IN.	JURY AT		20d. DESCRIB	E NOW II	NJURY OC	CURED		
		Pending Investigation	(MOTE), E	Ady, relear)	134	M		YES 2 [	NO						
BY	2 Accident 3 Suicide	Could not be	28e. PLACE (	OF INJURY — A	l home, ferm,	street, fac	tory, offic	20		201. LOCATION		nd Number	or Rural I	Route Number,	
H	4 Homicide	determined	building	etc. (Specify)						City or Tow	m, State)				
	29a, CERTIFIER										<u> </u>				
d M	(Check only		ICIAN: To the best o												
COMPLETED	2 MED	TUAL EXAMINE	on the pasts of a	ramination and	vor investigati	on, in my	opinion,	peath occu	red at the	time, data and	place, an	d due to th	e cause(e	s) and menner as stated.	
ш	296. SIGNATURE AND TITLE	OF CERTIFIE	RAIC	_				~	ENSE NUI			29d. DAT	E SIGNED	(Month, Day, Year)	
9 0	Consu	W	Colli	4				01	635	4		<b>&gt;</b> /	119	190	
2	30. NAME AND ADDRESS O	F PERSON WN	O COMPLETED CAU	SE OF DEATH	(ITEM 27) (Type	, Print)						,	-		

ANNAPOUS Md 21401

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be re-	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 and		IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notiti
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J ME	s be	be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal,	33
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STATE	0F	MARYLAND	/ DEPARTMENT	0F	HEALTH	AND	<b>MENTAL</b>	HYGIENE
			ERTIFICATE	0	F DEAT	ГН		REG. NO.
							1	

	1 - FOR STATE REGISTRAR	E OF MARYLAND C		CATE C				YGIENE EG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last) HERBERT M. TAYLOF	R JR.	f				2. DATE OF I	1-20-	90	YEAR	8:00A M
	4. SOCIAL SECURITY NUMBER 2. SEX 1 🔏 M	2   F   6. AGE (In yrs. II		IF UNDER 1 YE	_	R 24 HRS. MIN.	7. DATE OF E			8. BIRTHI Country	
DIRECTOR	98. FACILITY NAME (If not institution, give street and no GREATER BALTIMORE MED			BAL	N OR LOCAT TIMORI		ATN			WSON	ATN
5	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY		10c. CITY	TOWN OR LO	CATION					T	10d. INSIDE CITY
E	Md. Baltimor		11122-11	utherv							LIMITS?
	10e. STREET AND NUMBER		1 1	a cher v	10f. ZIP COL	Œ	_		10a. CITI	ZEN OF W	NAT COUNTRY?
FUNERAL	201 Morris Avenue				210				US		
ž		DECEDENT EVER IN U.S. A	RMED	13. WAS			IIC ORIGIN? (S	pecify Yes		14. RACE	— American Indian,
B≺	1 Never Married 2 X Married FOR	CES7 1 2 YES 2 C S, GIVE WAR OR DATES		If yes		an, Mexica	n, Puerlo Ricar			Black, Specif	White, etc.
	15. DECEDENT'S EDUCATION			USUAL OCCUP			16b, KIN	ID OF BUSI	NESS/IND	USTRY	
Щ	(Specify only highest grade completed Elementary/Secondary (0-12) College	(1-4 or 5+)	la. Do NOT use	ork done during retired.)	most of work	ing					
린	3		Manuf	acture	r's R	epres	sentati	ive			
COMPLETED	17. FATNER'S NAME (First, Middle, Last)						ME (First, Middl				
BE	Herbert M. Taylor Sr.				Ca	ther:	ine M I	Mottu	L		
10	19a. INFORMANT'S NAME (Type/Print)						Route Number, C				
F	Edythe J. Taylor		201 Mo	rris A	venue	Lutl	hervil.	le, M	id. 2	1093	
	20a. METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Removal from	Starte 20b. PLAC	ninen)	ITION (Name o					ATION —		
	4 Donation 5 Other (Specify)	Gree	en Mou	nt Ja					timo		
1	21. SIGNATURE OF FUNERAL SERVICE LICENSIT	ams F. Soles	elew)				uneral				204
CERTIFICATION	resulting in death) a	One cause on each life NEUMOCOCCAL DUE TO (OR AS A CONS NEUMOCOCCAL DUE TO (OR AS A CONS DUE TO (OR AS A CONS	SEP* EQUENCE OF	FICEMI D: JMONIA		ying, suc	n all certified	or respin	atory arr		Approximale Interval Between Onset and Death
ERI	resulting in death) LAST										
	PART II. Other algnificant conditions contril	outing to death but not	t resulting i	n the under	ying cause	given in	Part I. 24	. WAS AN A		24b.	WERE AUTOPSY FINDINGS
CAL	ACUTE RENAL FAIL	URE/METABOL	IC A	CIDOSI	S			PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAUSE
PHYSICIAN: MEDI							_   ' '	_ 120 2)			OF DEATH?  1 YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL			2	B. PLACE OF	DEATH (Ch	eck only one)				
Sic	EXAMINER?  1 YES 2 YOU 1 Winp	ITAL:	3 🗆 DOA	OTHER:	Home 5 1	Residence	6 Other (Sc	nacilly)			
H		. DATE OF INJURY	28b. TIMI	E OF 280	INJURY AT	vesionice	28d. DESCRI		JURY OC	CURED	
ВУ Р	1 Accident 5 Pending Investigation	(Month, Day, Year)	ILM		WORK?	□ NO					
	- Landerin	PLACE OF INJURY — At building, etc. (Specify)	home, farm, s	treet, factory,	office		28f. LOCATIO	ON (Street ar	nd Number	or Rural F	oute Number,
TED	4 Homicide determined	The state of the s					Oily or K	JWII, Glale)		_	
COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To 1 MEDICAL EXAMINER: On the										and manner as stated.
出	296. SIGNATURE AND LITLE OF CERTIFIER	Ru	my	_	29c, Lit	D 7	MBER 074		29d. DAT	E SIGNED	(Month, Det. Year)
2	30. NAME AND ADDRESS OF PERSON WHO COMPL JOHN G. LAVIN, M	ETED CAUSE OF DEATH (IT			67	01 N	ORTH C	HADLE		TDEET	110
	31. DATE FILED (Month, Day, Year) 32.	BEGISTRAR'S SIGNATURE		W • I'I • '	, 0/	01 14	ONTH 6	HAKLE	-0 O	KEE	
	JAN241990 S	whia Davidson	Pande 12					,			DHMH-16 Rev 1/89

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director,		ir must
AL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 shou		it is an 28 is marked or item 23 shows any injury, or other traumatic event, the medical examiner must be notified
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After	death	s ma
10H:	after	28 1
DIREC	2 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	tam
1	2	-

IMPORTANT:

REGISTRAR		CERTIF	ICATE C	F DEATH	ID MENTAL	REG. NO.		
1. DECEDENT'S NAME (First, Middle, Last) FREDA RUT!	H TAE	BOR			2. DATE (	DE DEATH DAY	, Y	S. TIME OF DEATH
216 22 4664	5. SEX 6. AG	E (In yrs. last birthday) 77 YRS.	MONTHS DA		RS. 7. DATE C	F BIRTH IE 19,19	912	BIRTHPLACE (State or Foreign County) MARYLAND
8a. FACILITY NAME (If not institution, give street SINAI HOSPITAL	nt and number)		9b. CITY, TO	NO OR LOCATION O		9	c. COUNTY	
RESIDENCE OF DECEDENT  10e, STATE  10b, COUNTY		I 40 - 00	TY, TOWN OR LO					
MARYLAND BAI	LTIMORE	100. 61		PIMORE				10d, INSIDE CITY LIMITS? 1 YES 2XX NO
100. STREET AND NUMBER 4535 MARYKNOLL RD				10f. ZIP CODE 21	208	1	log. CITIZEN	USA
11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	2. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2 ZNO	13. WAS	DECENDENT OF HI specify Cuben, M YES 2/2 NO S	SPANIC ORIGINA exican, Puerto R pecify:	(Specify Yea or loan, atc.)	No- 14.	RACE — American Indian, Black, White, etc. Specify: WHITE
15. DECEDENT'S EDUCA' (Specify only highest grade co	rion mpleted)	16a, DECEDENT'S	work done durin	ATION most of working	16b.	KIND OF BUSIN	ESS/INDUS	TRY
Elementary/Secondary (0-12)	College (1-4 or 5+)	Iffe. Do NOT L	ousewil			A	T	HOME
17. FATHER'S NAME (First, Middle, Last)  AARON ROSEMAN				18. MOTNER	S NAME (First, M	Iddle, Meiden Sur MARY UN		N
19e. INFORMANT'S NAME (Type/Print) MR. GERSON TABOR				KNOLL R		or, City or Town, S		de) 1208
20e. METHOD OF DISPOSITION  1  Burlel 2  Cremetion 3 Remove 4  Donation 5 Other (Specify)	al from State	20b. PLACE OF DISPO	SITION (Name o		y or	20c. LOCAT	TION — City	or Town, State ORE, MD
21, Sight stylle or Funeral Service Light	P		22. NAM	SOL LEV	FACILITY INSON &	BROS.	INC.	., MD 21215
Sequentielly list conditions, if sny, leading to immediats ceuse. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in desth) LAST	DUE TO (OR AS	S A CONSEQUENCE CO	rdent In	Rabe fants	Tes +	nsec. 1ellit	hs.	
PART II. Other algnificant conditions	contributing to death	n but not reaulting	in the under	ying ceuse give	n in Part I.	24a. WAS AN AU PERFORME 1 YES 2	ED?	24b. WERE AUTOPSY FINDING AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	B. PLACE OF DEAT				
1 VES 2 NO 1  27. MANNER OF DEATN  1 Netural 5 Pending	28a. DATE OF INJUR (Month, Day, Year	Y 28b, Til	WE OF 280	Nome 5 Reside	28d. DE\$	(Specify) CRIBE HOW INJU	URY OCCUP	DED
2 Accident Investigation 3 Suicide a Could not be 4 Homicide determined	28e. PLACE OF INJU building, etc. (S	IRY — At home, farm, pecify)		YES 2 No	28f. LOCA	ATION (Street and or Town, State)	1 Number or	Rural Route Number,
anal /	AN: To the best of my kn On the beels of sxamins							ause(a) and manner as stated.
296, SIGNATURE AND TITLE OF CERTIFIER	1	Y. B., E	3.5.	29c. LICENS	NUMBER	2	Ped. DATE S	IGNED (Mogth, Day, Year)
30. MAME AND ROBESS OF PERSON WHO		OEATH (ITEM 27) (No	e, Print)					
		OEATH (ITEM 27) (No	e, Print) LTIT	10RE VINCE	VIN	CENT	K.	K. TAM.

5-5-1 (C-14)

DHMH-16 Rev 1/89

1 - FOR STATE REGISTRAR

	LEROY		WARE						MONTH DAY			1990 6:09 P.		
	4. SOCIAL SECURITY NUMBER 578-48-9270	6. SEX 1 № M 2 ☐ F		yrs. last birthday) YRS.	MONTHS DAY		B.GOD.	Month, Day,			Country) .	E (State or Foreig		
	96. FACILITY NAME (If not institution, give	3.5	51	Tho.	9b, CITY, TOW	ON OR LOCATIO		July	117			bama		
DIRECTOR	4907 - 69th Plac		9b. CITY, TOWN OR LOCATION OF DEATH  Hyattsville  Prince George's											
	RESIDENCE OF DECEDENT													
JIR		nce Geo	rge!		yatts							INSIDE CITY LIMITS?		
_	10e. STREET AND NUMBER	1100 400	180	3 11	3 4 0 0 0 0	101. ZIP CODE			10g	. CITIZEN		COUNTRY?		
ER	4907 69th Pl	ace				20784					U.S.A.			
BY FUNERAL	11. MARITAL STATUS  1			2 NO	If yes,	DECENDENT OF SPECIFIC CURPOR PROPERTY OF STREET OF STREE	n, Mexicen,			0— 14.	Black, Wh	American Indian, ite, atc. Black		
	15. DECEDENT'S EDUCATION (Specify only highest grade completed)			16a. DECEDENT'S	USUAL OCCUP		a	16b. KINE	OF BUSINES	SS/INDUSTRY				
9	Elementary/Secondary (0-12) College (1-4 or 8 +)			Ille. Do NOT u	se retired.)				70 .	1. *		00:-		
COMPLET	12 17. FATHER'S NAME (First, Middle, Last)			Printi	ng Spe	7					ng U	ffice		
ECC	Willie	Ware				16. MOTN		osie	, Malden Suma MC		sak			
TO B	190. INFORMANT'S NAME (Type/Print)				ADDRESS (Stre									
F	Rachael D. Wa	re		4907		Pl.Hy								
	20e. METNOD OF DISPOSITION 1 C Buriet 2 Cremation 3 Ren	noval from State		PLACE OF DISPO	incolr				Blade					
	4 Donation 5 Other (Specify)  21. SIONATURE OF FUNERAL SERVICE L	ICENSEE	,	LOT 6 TI							-			
	21. SIONATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY Hunt Funera 2801 7th St.N.E. Wash.D.C.													
	23. PART I. Enter the diseases, or shock, or heart fellure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	. List only one ca	use on eac	ch line.	not enter the	mode of dyle						Approximati		
TIFICATION	shock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. Acute DUE TO  c. DUE TO	MYOCE O (OR AS A (	ch line.	disease	mode of dyli						Approximat		
	Shock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. Acute DUE TO  C. DUE TO  C. DUE TO  d.	MYOCE D (OR AS A (	endial de consequence	not onter the	mode of dyle	ng, such	na cardiac				Approximate Interval Bet		
	Shock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST  PART II. Other aignificant conditions	a. Acute DUE TO  C. DUE TO  C. DUE TO  d.	MYOCE D (OR AS A (	endial de consequence	not onter the	mode of dyle	ng, such	na cardiac		ry arrest	24b. WEF	Approximatinterval Bet Onset and I		
EDICAL	Shock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. Acute DUE TO  C. DUE TO  C. DUE TO  d.	MYOCE D (OR AS A (	endial de consequence	not onter the	mode of dyle	ng, such	en cardiac (	or reapirator	ppsy ?	24b. WEF AMU, COO	Approximatinterval Bet Onset and it Onset and it RE AUTOPSY FINI ILABLE PRIOR TO PRIESTING OF CA DEATH?		
MEDICAL	Shock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST  PART II. Other aignificant conditions	a. Acute DUE TO  C. DUE TO  C. DUE TO  d.	MYOCE D (OR AS A (	endial de consequence	not onter the	mode of dyle	ng, such	en cardiac (	Or reapirator	ppsy ?	24b. WEF AMU, COO	Approximatinterval Bet Onset and it Onset and it RE AUTOPSY FINI ILABLE PRIOR TO PRIESTING OF CA DEATH?		
N: MEDICAL	Shock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificant conditions.  None	a. Acute DUE TO  C. DUE TO  d	MYOCE D (OR AS A (	endial de consequence	not enter the	mode of dyle	ng, such	ert I. 24e.	Or reapirator	ppsy ?	24b. WEF AMU, COO	Approximatinterval Bet Onset and it onset an		
N: MEDICAL	Shock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificant conditions.  None  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	a. Acute DUE TO  C. DUE TO  C. DUE TO  d.	MYOCE O (OR AS A (O) O (OR AS A (O) O (OR AS A (O)	endial (consequence of consequence of consequence of consequence of consequence of the co	not onter the  lisease  F):  disea  F):  In the underly	mode of dyle	ng, such	art I. 24a.	WAS AN AUTO PERFORMED YES 2 1 1 N	ppsy ?	24b. WEF AMU, COO	Approximatinterval Bet Onset and it Onset and it RE AUTOPSY FINI ILABLE PRIOR TO PRIESTING OF CA DEATH?		
PHYSICIAN: MEDICAL	Shock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions.  None  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending	a. Acute DUE TO  b. Chroni  DUE TO  d. DUE TO  d. HOSPITAL: 1   Inpatient 2   28e. DATE O	MYOCE O (OR AS A (O) O (O) O (OR AS A (O) O (	endial consequence of consequence of consequence of consequence of the	I disease  I disease	Se •	ng, such plven in Pr EATH (Checialdence 8	art I. 24a. 1 C	WAS AN AUTO PERFORMED YES 2 1 1 N	OPSY ?	24b. WEF AMU, COO OF 1	Approximatinterval Bet Onset and it Onset and it RE AUTOPSY FINI ILABLE PRIOR TO PRIESTING OF CA DEATH?		
ED BY PHYSICIAN: MEDICAL	Shock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST  PART II. Other significant conditions.  None  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 Netural 5 Pending	a. Acute DUE TO b. Chroni DUE TO c. DUE TO d	MYOCE O (OR AS A (O) O (O)	consequence of consequence of consequence of consequence of the conseq	In the underly  OTHER: 4 ON Nursing 1  M 1	ying cause g	pliven in Principle in Principl	art I. 24e.  1  Other (Sp. 28d. DESCRIB	WAS AN AUTO PERFORMED  YES 2 1 N  BOOTHY)  HE NOW INJUR	OPSY ?	24b. WEF AMA, COM OF 1	Approximatinterval Bet Onset and I Onset a		
ETED BY PHYSICIAN: MEDICAL	Shock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificant conditions in the conditions of the conditio	Acute DUE TO  C. DUE TO  C. DUE TO  DU	MYOCE D (OR AS A G	consequence of conseq	I the underly M 1 (street, factory, correct at the time, correct the street, factory, correct the str	mode of dyle  Se a  ying cause g  B. PLACE OF DE  Nome 8 M Ra  INJURY AT  WORK?  YES 2  Office	piven in Principle Bath (Check Baldence 8	art I. 24a.  1 Control (Special Description of the cause(e)	WAS AN AUTO PERFORMED  YES 2 1 N  solly)  WE NOW INJUR  N (Street and N  vn, State)	DPSY ? NO	24b. WEP AMA, COM OF I	Approximatinterval Bet Onset and I Onset a		
ED BY PHYSICIAN:	Shock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificant conditions.  None  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 Yes 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined.  29a. CERTIFIER (Check only 1 CERTIFYINO PHYS)	a. Acute DUE TO b. Chroni DUE TO c. DUE TO d	MYOCE O (OR AS A (O) O (O) O (OR AS A (O) O (O) O (OR AS A (O) O (O) O (OR AS A (O) O (O)	CONSEQUENCE CONSEQ	I the underly M 1 (street, factory, correct at the time, correct the street, factory, correct the str	ying cause g  S. PLACE OF DE  Nome 8 A Ra.  INJURY AT  WORK?  YES 2  Office  date and place,  in, death occur	piven in Principle Bath (Check Baldence 8	art I. 24a.  1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	WAS AN AUTO PERFORMED  YES 2 1 h  OCITY)  WE NOW INJURE  N (Street and N  vri, State)	DPSY ? NO Iumber or i	24b. WEP AMA, COO OF 1 L	Approximate interval Bat Onset and I Onset		

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

A section of the

N 18 18

DHMH-18 Rev 1/89

	FOR STATE REGISTRAR	STATE OF MARYL		TMENT OF H		MENTAL HYGIEN			
	1. DECEDENT'S NAME (Nos, Middle, Last)	Joseph	.We	Ish		2. DATE OF BEATH	2/10	10.28 Pu	
	4. SOCIAL SECURITY NUMBER  192-12-8617  So. FACILIEF NAME (II pol institution, give	1 M 2 🗆 F	(in yrs. lest birthday)	IF UNDER 1 YEAR MONTHS DAYS	HOURS MIN.		25 p	TTHPLACE (Store or Foreign unity) ennsylvania	
TOR	S+ JOS 90	1 Hospi	ibl	Tou	SUM	EATH	Balt	imore Co.	
DIRECTOR	Maryland Harford				Churchville			10d. INSIDE CITY LIMITS? 1 YES 2 NO	
FUNERAL		ng Green D				028	U	S .A .	
B	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IF FORCES? 1 M YES IF YES, GIVE WAR OR D. WOYLD WA	ATES	13. WAS DECI	city Cuben, Mexica	NC ORIGIN? (Specify Yearn, Puerto Ricen, etc.)	BI	ACE — American Indian, leck, White, etc. sectly: Caucasian	
DE LEG	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)	le completed) College (1-4 or 5+)	(Give kind of w life. Do NOT us		st of working	16b. KIND OF BU	SINESS/INDUSTRY		
4	12	6	Sales	& Mark			Stee.	1	
COM	17. FATHER'S NAME (First, Middle, Last)  Patrick J	fogonh Wol	ala			ME (First, Middle, Maiden		3 - 3-	
BE	19a, INFORMANT'S NAME (Type/Print)	oseph Wel		ADODESS (Street o		Argaret Route Number, City or Tow		lsh	
2	Frances M. We	l sh		same	11	riodie Humbol, dity or low	n, state, zip soce)		
	20g-METHOD OF DISPOSITION 1 Al Burlai 2 Cremation 3 mas 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE L	movel from State	e. PLACE OF DISPOS other place) ighview	Memor	ial Gar	dens Fal		Town, State Maryland	
	23. PART I. Entar the diseases, or shock, or heart failure IMMEDIATE CAUSE (Final disease or condition resulting in death)	a	the death. Do nech line.	FA1	de of dying, auc	tille, Mai h as cardiac or reap . E.	Iratory arrest,	Approximata interval Batwean Obset and Daath	
CERTIFICATION	Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that inflieted events resulting in death) LAST	· MET	CONSEQUENCE OF	ATI		ARC INC	SMA	Weeks	
MEDICAL	PART II. Other significant condition	ns contributing to deeth b	out not resulting i	in tha undarlying	g causa given in	Part I. 24a, WAS AN PERFOI	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DESTRIP YES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	110001701			ACE OF DEATH (Ch	eck only one)			
Sic	1 TES 2 NO	HOSPITAL: Inpatient 2 ER/Outs	patient 3 🗆 DOA	OTHER: 4 Nursing Nom	e 8 🗆 Residence	8 Other (Specify)			
ву РН	27. MANNER OF DEATH  Natural 5 Pending Proceedings Investigation	26a. DATE OF INJURY (Month, Day, Year)	286. TIM	URY WO	URY AT RK? 'ES 2 NO	28d. DESCRIBE NOW	NJURY OCCURED		
0	2 Accident Investigation 3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, Street								
COMPLET		SICIAN: To the best of my know VER: On the bests of examination						oo(s) and manner as stated.	
TO BE C	296 SAME AND ADDRESS OF PERSON W	burlons	MD		29c LICENSE NUI	7966	29d. DATE SIGN	JAN . 90	
	31. DATE FILED (Month, Day, Year)	STURLOW	G JR	2 MD/	StJ	Toseph	Hos	pital	
	JAN 24 1990 4	ula Savidson Ron	della	/					

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
e funeral director, page 5 should be detached	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached
death. Page 6 may be retained by the hospit	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-nous after death. Page 6 may be retained by the hospit

ial-transit permit. Pages 1. 2, 3 should

STATE OF MARYLAND / DEPARTMENT OF HEALTH AN	D MENTAL HYGIENI
CERTIFICATE OF DEATH	REG. NO.

	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPART			MENTAL HYGIEN	E		
	1. DECEOENT'S NAME (First, Middle, Last)					2. DATE OF DEATH DO	Ž0 YE	90 з. т	5:20A
	JOHN 4. SOCIAL SECURITY NUMBER	STUART  5. SEX 6. AGE (	(In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTN			E (State or Foreign
	212-26-2436	1 🔀 M 2 🗀 F	64ms.	ONTHS DAYS	HOURS MIN.	11-17-19	25	Country) MARYL	
E I			AL CTR	TOWSON	H LOCATION OF DE	AIN	9c. COUNTY OF DEATH BALTIMORE		
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY			TOWN OR LOCAT	ION				INSIDE CITY
	MARYLAND BALT	TIMORE TIMONIUM					LIMITS? 1 ☐ YES 2 💢 NO		
FUNERAL	218 SANDEE RD.			2	21093		U.S.A		
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 TYES IF YES, GIVE WAR OR D	2 VNO	If yes, spe		IIC ORIGIN? (Specify Yea n, Puarto Rican, atc.)	or No — 14.	HACE — A Black, Whi Specify:	merican Indian, ta, atc. WHITE
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5 +)	16a. DECEDENT'S US (Give kind of wo life. Do NOT use SERVICE F	rk done during mo: retired.)	st of working	BOTTLI			
NO.	8 YFARS 17. FATHER'S NAME (First, Middle, Last)		ISERVICE	KEP. COL		ME (First, Middle, Maiden		111 .	
BE	PERRY LAMBERT W	LLMER			MARTHA		The second second		
2	19a. INFORMANT'S NAME (Type/Print)  RIITH WII MFR			AS 10		Route Number, City or Tow	n, State, Zip Coo	10)	
	29a. METNOD OF DISPOSITION  1 M/ Buriel 2 Cremetton 3 Rem 4 Donation 5 Other (Specify)	oval from State	b. PLACE OF OISPOSIT other place) DRUID RID(	TION (Name of cen	netery, crematory or		CATION — CHY ALTIMOI		teta
	21. SIGNATURE OF PUNERAL SERVICE LIC		DROID RID	22, NAME AN	TOWSON I		ME	2120	Δ
	23. PART I, Enter the diseases, or ahock, or heart failure.	complications that cause List only one cause on a							Approximate interval Between
	IMMEDIATE CAUSE (Final disease or condition reauting in death)	CARDROPU		ARREST					Onset and Death
z		HEPATO-R	RENAL S	YNDROME					
CERTIFICATION	Sequantially list conditions, if any, laading to immediata cause. Enter UNDERLYING		N B HEPA		CIROHOSIS	5			
TIFIC	CAUSE (Disease or Injury that Initiated events resulting in death) LAST	OUE TO (OR AS	A CONSEQUENCE OF):						
CER	resulting in death) LAS1	d							
PHYSICIAN: MEDICAL	PART II. Other algolificant condition	a contributing to death i	but not resulting in	tha undarfying	g cause given in	Part I. 24a. WAS AN PERFOI	RMED?	CON OF E	E AUTOPSY FINDINGS LABLE PRIOR TO IPLETION DF CAUSE DEATH?  YES 2 NO
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			ACE OF DEATH (Ch	eck only one)	* -		
IYSI	1   YES 2   NO 27. MANNER OF DEATH	1 Inpetient 2 ER/Out	patient 3 DOA			8 Other (Specify)	IN HIM COCH	250	
ВУ РН	1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJU	RY WO	PRK?	28d. DEŞCRIBE HOW	INJURY OCCUP	ieo	
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJUR building, atc. (Spe	Y — At home, farm, str ec/fy)	reet, factory, offic	4	28f. LOCATION (Street City or Town, State	and Number or	Rural Route	Number,
COMPLETED	1-1	ICIAN: To the best of my know ER: On the bests of examine the	P						I menner as stated.
BE	286. SIGNATURE AND TITLE OF CERTIFIE	Farly	- Mu	)	29c. LICENSE NUI	MBER		-20-9	oth, Day, Year)
٥	30. NAME AND ADDRESS OF PERSON W				DE MEDIC	AL CENTER	6701N	CUADI	EC CT
	C. BYRON FAUL!  31. DATE FILED (Month, Day, Year)  INN 9 / 1000	32. REGISTRADES SIGN		DALITIO.	RE MEDIC	AL CENTER	O/OIN.	CHARL	1E0 0T+

urial-transit permit. Pages 1, 2, 3 should

## TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached from the majoral per line within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

2

Pau1

31. DATE FILED (MOON) POY, 4

Chang

M.D.

5601

Loch

Raven Blvd.

Suite 107

	FOR STATE REGISTRAR	STATE OF N	MARYLAND /	DEPAR ERTIF					MEN	ITAL HYGIE REG. N	-		
	1. DECEDENT'S NAME (First, Middle, Last)			6						ATE OF DEATH	DAY		3. TIME OF DEATH
	William F.	Ţ.	lood, Ji	r.					1			90	14:45 M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. le		IF UNDER		IF UNDER			ATE OF BIRTH		8. BIRTI	HPLACE (State or Foreign
1	220-24-0476	1 🔀 M 2 🗌 F	60	YRS.	MONTHS	DAYS	HOURS	MIN.		Wonth, Day, Year)	929	Mar	yland
	9a. FACILITY NAME (If not institution, give st	reet and number)			9b. CITY	TOWN C	OR LOCATION	ON OF D	_	,	-	UNTY OF E	<u> </u>
۳ ا	St. Joseph Hospital				Towson					Ra 1	timo	re	
DIRECTOR	St. Joseph Hospit	. 6.1									Dai	CIMO	10
1	10a. STATE 10b. COUNTY	•		10c. CIT	Y, TOWN C	R LOCAT	TION						10d. INSIDE CITY LIMITS?
ā	Maryland Balt	imore		Par	kvil	le							1 - YES 2 1 NO
AL	10e. STREET AND NUMBER					1.50	. ZIP CODI				10g. Cl	TIZEN OF	WHAT COUNTRY?
FUNERAL	3 Turtle Rock Ct.					2	21234				U.	S.A.	
5	11. MARITAL STATUS	12. WAS OECEDEN	T EVER IN U.S. AF	RMED						RIGIN? (Specify ) arto Rican, atc.)	ea or No-	14. RAC	E — American Indian, k, White, atc.
	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE V	WAR OR DATES	NO			2 X NO			eno micen, etc.)		Spec	offy:
2		Kore	_									Wh	ite
PKED BY	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	16a. Di	ECEDENT'S Give kind of b. Do NOT u	Work done	CCUPATIO	DN ast of working	19		16b. KIND OF B	USINESS/IN	DUSTRY	
	Elementary/Secondary (0-12)	College (1-4 or 5	+)						- 1		т с	m	
₽	12		L PR	X Ins	tall	er					T. &	Т.	
COMPL	17. FATHER'S NAME (First, Middle, Last)									irst, Middle, Maide	n Surnama)		
H	William Wood							sie					
6	19a. INFORMANT'S NAME (Type/Print)						ind Number	or Rural	Route .	Number, City or To	wn, State, Z	(ip Code)	
	Louise A. Wood			Same									
	20a. METHOD OF DISPOSITION 1 □XBurlai 2 □ Cremation 3 □ Remo	oval from State	20b. PLACE other p	olece)							OCATION -		
	4 Donation 5 Other (Specify)		Park	wood				_			rkvi	lle,	Md.
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	./				TAWK			v meral He	ama	Tnc	
	Mun a.	Smith	1							owson.			1
	23. PART I. Enter the diseases, or o												Approximate
	ahock, or heart failure.  IMMEDIATE CAUSE (Finel	List only one car	use on each lin	10.									Interval Between Onset and Death
- 1	disease or condition		Sone		dh.	1	10.						N1-3days
1	resulting in death)	DUE TO	(OR AS A CONSE	EOUENCE C	th shock					, outly s			
-	_		Motorton	60 A	Alino	can	mun.	4 04	dat	Verof by	llar	Anal	wa.va
0	Sequentially list conditions, If any, leading to immediate  Due to (OR AS A CONSEQUENCE OF):  Due to (OR AS A CONSEQUENCE OF):												
×Ι	cause. Enter UNDERLYING										/		
프	CAUSE (Disease or injury that initiated events	OUE TO	(OR AS A CONSE	EOUENCE C	OF):								
CERTIFICATION	resulting in death) LAST	d.											
	DATE IS ON A SERVICE AND A SERVICE												
PHYSICIAN: MEDICAL	PART II. Other aignificant condition	a contributing to	death but not	resulting	in the ui	ndertyln	g cause	given ir	Part		ORMED?	24	b. WERE AUTOPSY FINOINGS AVAILABLE PRIOR TO
8	·									1 🗆 YES	2 NO		OF DEATH?
ME											*		1 YES 2 NO
ä													
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHE	_	LACE OF C	DEATH (C	heck or	nly one)			
Si	1 - YES 2 NO	1 Inpatient 2	ER/Outpatient	3 🗆 DOA	4 Nu		ne 6 🗆 B	esidence	6 🗆	Other (Specify)			
H	27, MANNER OF OEATH	28a. DATE Of (Month, I		26b. TII	ME OF		JURY AT ORK?		28d	. OEŞCRIBE HO	V INJURY O	CCURED	
BY	1 Natural 5 Pending 2 Accident Investigation				М	1 🗌	YES 2	NO					
	3 Suicide 6 Could not be	28a. PLACE 0	OF INJURY — At h	nome, farm,	street, fac	tory, offic	ca	-	261.	LOCATION (Stre City or Town, Str		oer or Rural	Route Number,
H	4 Homicide determined												
PLE	29a. CERTIFIER (Check only 15 CERTIFYING PHYSI	CIAN: To the best o	f my knowledge, d	death occur	red at the	time, date	and place	, and du	a 10 1h	ne cause(s) and i	nanner es s	tated.	
COMPLETED	emp)	R: On the basis of	examination and/or	r Investigati	lon, in my	opinion,	death occu	red at th	e time,	, data and place,	and due to	the cause	(a) and menner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIE	1/					29c. LIC	ENSE NU	JMBER		29d. D/	ATE SIGNE	D (Month, Day, Year)
BE	N. IV	VIA.					D	12 6	10-	7		1/2	7/41

Balto., Md.

DHMH-16 Rev 1/89

lansit permit. Pages 1, 2, 3 should

TO BE COM	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
al examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
the funeral director, page 5 should be detache wal.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
ter death. Page 6 may be retained by the hosp	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-mours after death. Page 6 may be retained by the host
DALIMONE, MANILAND	DIVISION OF VIEW PECONDS, F.O. DON 1315,

	1 - STATE OF MARYLAND			OF DEAT		ENTAL HYGIENI REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	ч	YEAR	3. TIME OF DEATH
- 1	Irvin R. Wood					1 21		90	M
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs.	lest birthday)	IF UNDER 1 Y	YEAR IF UNDER	24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		8. BIRTHP	LACE (State or Foreign
	216-03-9922   ¹X M 2 □ F   84	YRS.	MONTHS	AYS HOUNG		May 26,19		Mary	land
	9e. FACILITY NAME (If not institution, give street end number)			OWN OR LOCATION		гн	3 - 4 - 4	NTY OF DE	
S.	133 Westbury Rd.		Luth	erville		-	Balt	imore	2
E	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY	10c. CIT	Y. TOWN OR	LOCATION		104.1			IOd. INSIDE CITY
DIRECTOR	Maryland Baltimore		hervi						LIMITS?
7	10s. STREET AND NUMBER	Lat	IICI VI	101. ZIP CODI	E	10g, CITIZEN OF WI			
COMPLETED BY FUNERAL	133 Westbury Rd.			21093	3	U.S.A			
Š	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S.		13. WAS DECENDENT OF HISPANIC ORIGIN? (S						
E	1 Never Merried 2 Married FORCES? 1 YES 2 FIF YES, GIVE WAR OR DATES	ON	If yes, specify Cuban, Mexican  1 ☐ YES 2 ☑ NO Specify			Puerto Rican, atc.)		Black, Specify.	White, stc.
B	3 X Widowed 4 Divorced					Whit			e
힏	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	Give kind of	Work done dur	UPATION ing most of working	ng	18b. KIND OF BUS	INESS/IN	DUSTRY	
ا و	Elementary/Secondary (U-12) College (1-4 or 5+)	(Give kind of work done during most of working life. Do NOT use retired.)  Foreman					0	:1 0-	
M	17. FATHER'S NAME (First, Middle, Last)	Jiemai	ı	40.000	15000 11000	America		LI CO.	
	George W. Wood				ice G		Sumame)		
H	19a, INFORMANT'S NAME (Type/Print)	10h MAII INC	Anneess /			ute Number, City or Town	n State 7	in Code)	
2	Nancy C. Wilmer		as #1			and the state of t	n orano, za	, 0000,	
	20a, METHOD OF DISPOSITION 20b. PLAC		SITION (Name	of cemetery, cren	natory or	20c. LO	CATION -	City or Tow	n, State
	1X Burial 2 Cremetion 3 Removal from Stata other 4 Donation Donation Other (Specify)	Lawn (	Cemete	ry 1/24	1/90	Bal	Lto.	Md.	
	21. SIGNATURE OF UNERAL SERVICE LICENSEE		22. NA	ME AND ADORE	SS OF FACI	LITY	,	-	
	* Kon alil & Ashadas &					Funeral H			
	23. PART I. Enter the diseases, or complications that caused the	death. Do							Approximate
	shock, or heart fallure. List only one cause on each it	ina.		,					Interval Between Onset and Death
	IMMEDIATE CAUSE (Final disease or condition	VA	_						77/20
	resulting in deeth) s	SEQUENCE O	F):						100
Z	AS	C 1	1						10 42
2	Sequentially list conditions, If any, leading to immediate	SEOUENCE C	F):						
S	ceuse. Enter UNDERLYING CAUSE (Disease or Injury								
#	that initiated events DUE TO (OR AS A CON- requiting in death) LAST	SEOUENCE C	UENCE OF):						
CERTIFICATION	d								
	PART II. Other aignificant conditions contributing to deeth but no	t reaulting	In the unde	arlying ceuse	given in P	art I. 24e. WAS AN			WERE AUTOPSY FINDINGS
2						1 _ YES 2			AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
JEC									1 TES 2 NO
ä									
SIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:			26. PLACE OF D	EATH (CHEC	k only one)			
YSI	1 YES 2 NO 1 Inpatient 2 ER/Outpatient	3 🗆 DOA	OTHER:	g Home 5 A	esidence 6	Other (Specify)			
PHYSICIAN: MEDICAL	27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Dey, Year)	26b. Till	JURY	6c. INJURY AT WORK?		28d. DEŞCRIBE HOW I	NJURY O	CCUREO	
В	1 Natural 5 Pending 2 Accident Investigation		М	1 YES 2	-				
	3 Suicide 8 Could not be 4 Homicide detagrifined	home, farm,	street, factor	y, offica		28f. LOCATION (Street : Cify or Town, State)	and Numbe	er or Rurel Ro	oute Number,
E									
COMPLETED	29e. CERTIFIER (Check only one)  The second of the second								
Ö	2 MEDICAL EXAMINER: On the basis phexamination and	for investigati	on, in my opi	nion, death occu	red at the ti	ime, data and placs, an	id due to	the cause(a)	and manner as stated.
BE (	296. SONATURE AND TITLE OF CERTIFIER			29c. LIC	ENSE NUME	SER /	29d. DA	TH SIGNED	Month, Day, Mear)
0	Jenge T. Jumes	7	MD	NC	12	10	- 1	100	
	30. NAME AND ADDRESS PERSON WHO COMPLETED CAUSE OF DEATH (			9	la = === *	11. 3/1	21.00	2	
	George T. Gilmore M.D. 17		rk Rd.	Luti	nerv1	lle, Md.	Z T U 9.	3	
	31. DATE FILED (Month, Day, 1907)  JAN 2 4 1990  32. Augistran's Signatur	Pandel	2						

DHMH-18 Rev 1/89

the burial-transit permit. Pages 1, 2, 3 should BALTIMORE, MARYLAND 21203-3146 TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be obe filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Nem 28 is marked, or liem 23 shows any injury, or other traumatic event, the medical examiner must be notified at on DIVISION OF VITAL RECORDS, P.O. BOX 13146,

1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFIC			IENTAL HYGIE			
1. OECEDENT'S NAME (First, Middle, La GERTRU)					2. DATE OF DEATH	BAY 191	YEAR 2:01 A. N	
4. SOCIAL SECURITY NUMBER  212-36-1098  90. FACILITY NAME (# not institution, gi	1 🗆 M 2 🗸 F	PG YRS. MOI		IF UNDER 24 HRS. HOURS MIN.  R LOCATION OF DEA	7. DATE OF BIRTH (Month, Day, Ybar)  MAY  STH	1893	BIRTHPLACE (State or Foreign Country)  RUSSIA  Y OF DEATH	
RESIDENCE OF DECEDENT  10ê. STATE  MARYLAND  10b. COU	UGUN IVICACIO	LOS OUTV TO					10d. INSIDE CITY	
MARYLAND	BALTIMORE	10C. CHY, 10	10c. CITY, TOWN OR LOCATION BALTIMORE				I YES 2 XNO	
	100. STREET AND NUMBER 4615 OLD COURT RD.			ZIP COOE 21208		10g. CITIZE	EN OF WHAT COUNTRY?	
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	TUS 12. WAS DECEDENT EVER IN U.S. AND PORCES? 1 YES 2 AND SET OF DATES.				C ORIGIN? (Specify ), Puerto Rican, atc.)			
18. DECEDENT'S I (Specify only highest grant (Specify only highest grant (O-12) 1.0  17. FATHER'S NAME (First, Middle, Last) TODART (TATE CA		16a. DECEDENT'S USI (Give kind of work life. Do NOT use re HOUS	done during mos			T HOME	STRY	
TOKARR TAREON				18. MOTHER'S NAME EV	TA LE	en Sumeme) IBOWITZ	Z	
19a. INFORMANT'S NAME (Type/Print) MRS. FLORENCE S	TEIN				DR., APT			
24s METHOD OF DISPOSITION 45 Burlel 2 Cremation 3 8	Removal from State	PLACE OF DISPOSITION Other place) TIFERET	ON /Name of can	alany oramatany or	20c.	LOCATION CH	ty or Town, State	
21. SIGNATURE OF FUNERAL SERVICE	LICENSEE		22. NAME AN	D ADDRESS OF FAC		OSEDALE S., INC		
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQUENCE OF):  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury  CAUSE (Disease or Injury							
	d.	ust not reculting in t	ha undarkilar		and I are una	***************************************	Tan war war and	
25. WAS CASE REFERRED TO MEDICA EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH	tions contributing to death b	or not resulting in t	ne underlying	cause given in i	PERF	AN AUTOPSY ORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?  1 YES 2 NO	
25. WAS CASE REFERRED TO MEDICA EXAMINER?	HOSPITAL:			ACE OF DEATH (Che	ck only one)			
1 Tes 2 NO	1 Inpatient 2 ER/Outs 28e, DATE OF INJURY			8 - Residence	8 Other (Specify) 28d. OESCRIBE HOT	N IN ILIAN OCCI	roen.	
1 Netural 8 Pending 2 Accident investigation	(Month, Day, Year)	INJUR	M 1 🗆 Y	RK? 'ES 2 NO				
3 Suicide 8 Could not 4 Homicide		/ — At home, farm, streedly)	et, factory, office		281. LOCATION (Stre City or Town, Ste		r Rural Route Number,	
E anal	HYSICIAN: To the best of my know MINER: On the basis of examinatio							
296. SIGNATURE AND TITLE OF CERT	1 0. 2/ m.	my		20c. LICENSE NUM P170	9ER	29d. DATE	SIGNED (Monity, Day, Year)	
ETRELITA O.	Kn, mj. = V	EUNTALE +		CERMIRE	c conter	& HOFY	PIAN 212N	
JAN 2 4 1990 4	the fairdon fonds	192_					DHMH-18 Rev 1	

BALTIMORE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Par	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral disease, within 72 hours after death with the State Deor, or Health and Mental Hydiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examine
	after o	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the its slud within 72 hours after death with the State Deor, of Health and Mental Hydiene prior to burial, cremation, or removal.	cale
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ched for use as the burial-transit permit, Pages 1, 2, 3 should

hospital or attending physician.

	1. DECEDENT STATE (First, Middle, Last)	1204	SA				2. DATE OF DEATH MONTH	DAY 20	70	3-4-5 PM
	4. SOCIAL SECURITY NUMBER 578-36-7900	6. SEX	6. AGE (In vis. last bir		AR IF UNDER 2	4 HRS. MIN.	7. DATE OF BIRTH (Month, Day, Year)		Country)	LACE (State or Foreign
20	98. FACILITY NAME (If not institution, give street and number) 96. CITY, YOWN OR LOCATION OF DEATH 9c. COUNTY OF E									АТН
DIRECTOR	10a. STATE 10b. COUNT	11	Oc. CITY, TOWN OR L				Od. INSIDE CITY LIMITO? VES 2 NO			
FUNERAL	10e. STREET AND NUMBER  38/9/-ee/)	Ave IT EVER IN U.S. ARMEE		2 10g. CITIZEN OF WHAT 2 1. S 1.  INIC ORIGIN? (Specify Yes or No.— 14. RACE —			A,			
0	1 Never Married 2 Married 3 Widowed 4 Divorced		YES 2 ZHO	If ye	s, specify Cuben YES 2 PNO	Mexicar	, Puerto Ricen, etc.)	ee or No 1	Black, Specify:	American Indian, White, stc.
7.5.150	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		(Give I	CENT'S USUAL OCCU kind of work done during NOT use retired.)	g most of working	-/	16b. KIND OF B	USINESS/INDU	STRY	
DE COMP	17. FATHER'S NAME (First, Middle, Last)	roun	776			SR'S NAM	NE (First, Middle, Maide	n Sumeme)		21.254
	199. INFORMANT'S NAME (Type/Print)	THRONI	Ton 3	819Fe	PRIVATE	r Rugal R	ve BALL	o, M	12	1207
	20a. METHOD OF DISPOSITION 1 Burlet 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	noval from State	20b. PLACE OF other place)	DISPOSITION (Name	of company, cromi	itory or	20c. L	OCATION - CI	ty or Town	of m
- 1										
	Joseph	J. Ru	ss	22, NAI	32 W	No	orth Ave	4Ner	110,	Home md, 27
	23. PART I. Enter the diseases, or ehock, or heert failure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)	List only one cases.	R ONC	DD not enter the	mode of dylr	ng, such	inth Aug	4Ne	1/5,	
	23. PAHT I. Enter the diseases, or ehock, or heert fallure. IMMEDIATE CAUSE (Finel disease or condition	J. Ruccomplications the List only one casts.  B. DUE TO DUE TO C.	RONC	a. Do not enter the	mode of dylr	ng, such	inth Aug	P.B.A.	175, 175, et,	Interval Betwe
	23. PART I. Enter the diseases, or ehock, or heert failure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentielly liet conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	List only one cat  s	(OR AS A CONSEQUE	n. Do not enter the	DAZW mode of dyln	No.	Part I. 246. WAS	IN AUTOPSY DRIMED?	246.	Interval Between Onset and De
	23. PART I. Enter the diseases, or shock, or heart failure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other eignificant conditions.	DUE TO  C. DUE TO  d. HOSPITAL:	(OR AS A CONSEQUE	in. Do not enter the	mode of dyln  Fig. 7	y No.	Part I. 24e. WAS A PERF	IN AUTOPSY DRIMED?	246.	Interval Betwee Onset and De
	23. PART I. Enter the diseases, or ehock, or heert failure.  IMMEDIATE CAUSE (Finel disease or conditions, or heert failure.  Sequentielly liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other eignificant conditions.  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending	DUE TO  C. DUE TO  d. HOSPITAL:	GOR AS A CONSEQUE  (OR AS A CONSEQUE	22, NAI 20 1. DD npt enter the 1. DO Note OF):  ENCE OF):  ENCE OF):  Uiting in the under  DOA OTHER: 4   Nursing 18th. Time OF	mode of dyln  Fig. 7	No such a	Part I. 24e, WAS A PERFI	IN AUTOPSY DRMED? 2 NO	246.	Interval Betwee Onset and De On
	23. PART I. Enter the diseases, or ehock, or heert failure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentielly liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other eignificant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH	B. DUE TO  b. DUE TO  c. DUE TO  d	GOR AS A CONSEQUE  (OR AS A CONSEQUE	22, NAI  20.  DD npt enter the enter	mode of dylr    Eh M    Replace Of De    Home 5   Rec. INJURY AT   YES 2	No such a	Part I. 24e. WAS / PERF 1 U YES	IN AUTOPSY DRMED? 2 NO	24b. \	WERE AUTOPSY FINDIN MAILLABLE PRIOR TO DOMPLETION OF CAUSI OF DEATH?  1 YES 2 NO
	23. PAPT I. Enter the diseases, or ehock, or heert failure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentielly liet conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other eignificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending investigation 3 Suicide 8 Could not be determined  29e. CERTIFIER (Check only)	DUE TO  B. DUE TO  C. DUE TO  d	GOR AS A CONSEQUE  (OR AS A CONS	22, NAI 20 21. DD npt enter the 22. NAI 23. DO 24. DO 25. DO 26. DO 26. DO 26. DO 26. DO 27. DO 28.	mode of dyln    E   M   M      E   M   M      E   M   M      E   M   M      E   M   M      E   M   M      E   M   M      E   M   M      E   M   M      E   M   M      E   M   M      E   M   M      E   M   M      E   M   M      E   M   M      E   M   M      E   M   M      E   M   M      E   M   M      E   M      E   M   M      E	y No No No No No No No No No No No No No	Part I. 24e, WAS A PERF 1 VES  Other (Specify)  28d. DESCRIBE HOV  28f. LOCATION (Street, City or Town, Steet)  to the cause(e) and in	IN AUTOPSY DRIMED?  2 NO  1 INJURY OCCL  2 and Number of the)	24b. \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	WERE AUTOPSY FINDIN NAILABLE PRIOR TO COMPLETION OF CAUSI PE DEATH?

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TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be	be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at
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_	REGISTRAR	CERTIFIC	JAIL	JE DEATH	REG. NO			
	1. DECEDENT'S NAME (First, Middle, Leet) PETER A. Vanos Ki				2. DATE OF DEATH MONTH D	21	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (		IF UNDER 1 YE		7. DATE OF BIRTH		BIRTHPLACE (State or Foreign Country) Penn.	
TOR	9e. FACILITY NAME (If not institution, give street and number)  Sinal Parameters and number)  RESIDENCE OF DECEDEN	•	Ba	WHO PILOCATION OF DE			MOre Gty	
EC	10a. STATE 10b. COUNTY	10c. CITY,	TOWN OR L	OCATION			10d. INSIDE CITY	
FUNERAL DIRECTOR	Maryland Balto.	Т	owson	10f. ZIP CODE			1 YES 2 NO	
ERA	24 Wilfred Court		21204			U.S.A.		
BY FUN	11. MARITAL STATUS  1 Never Married 2 Married  3 Midowed 4 Divorced  12. WAS DECEDENT EVER II FORCES? 1 YES IF YES, OIVE WAR OR D	2 X NO	MED 13. WAS DECENDENT OF HISPANIC ORIGIN? (S			? (Specify Yea or No.— 14. RACE — American Indian		
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDENT'S US (Give kind of woll life, Do NOT use	SUAL OCCUI	PATION g most of working	16b. KIND OF BU	SINESS/INDU		
MPLE	Elementary/Secondary (0-12) College (1-4 or 5+)	Inspecto			Empire	Silk	Co.	
BE CO	17. FATHER'S NAME (First, Middle, Last) Yanoski			16. MOTHER'S NA Paul	ME (First, Middle, Meiden ine Wi	Surname) 1czms	ki	
10 18	19e. INFORMANT'S NAME (Type/Print)			reet and Number or Rural	Route Number, City or Tow	rn, State, Zip C	ode)	
	Bernard A Janis  20a. METHOD OF DISPOSITION  11% Buris! 2 □ Cremetton 3 □ Removal from Mate	. PLACE OF DISPOSIT	TION (Name a	s 10e of cometery, cromatory or	20c, L0	CATION — CI	ly or Town, State	
	4 Donation Ditter (Specify)  21. SIGNATURE OF JUNERAL SERVICE LICENSER	St. Mary		m. 1/2 <sup>5</sup> /90 RE AND ADDRESS OF FA			h , Penn.	
	I (mal) & Maly &			uck Towson	1050 Yo		. 21204	
	23. PART I. Enter the diseases, or complications that cause shock, or heart failure. List only one cause on a	the death. Do no	t enter the	mode of dying, suc	h ss cardlec or resp	iratory srres	Approximate	
	IMMEDIATE CAUSE (Final disease or condition resulting in deeth)	ensis					Onset and Death	
_		ONSEQUENCE OF):						
ATIO	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	CONSEQUENCE OF):	:					
CERTIFICATION	CAUSE (Disease or Injury C.	CONSEQUENCE OF):	;					
AL CE	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PINDINGS AVAILABLE PRIOR TO							
EDICAL					1 TYES	0.6	COMPLETION OF CAUSE OF DEATH?  1 YES 2 MO	
N.								
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 VES 2 NO Inputiont 2 ER/Out		OTHER:	16. PLACE OF DEATH (Ch				
PHY	27. MANNER OF DEATH  28e. DATE OF INJURY (Month, Day, Year)	20b. TIME	OF 286	: INJURY AT WORK?	26d. DESCRIBE HOW	INJURY OCCU	RED	
D BY	2 Accident Investigation 3 Suicide 6 Could not be building, etc. (Soe	' — At home, farm, str		YES 2 NO	261. LOCATION (Street City or Town, State	and Number o	r Rural Route Number,	
E	4 Homicide detarmined							
COMPLETED	(Check only one)  2 MEDICAL EXAMINER: On the basis of examination							
TO BE C	SOL SIGNATURE AND FITLE OF BERTIFIER	MO		29c. LICENSE NU		29d. DATE :	SIGNED (Month, Day, Year)	
-	30. Name and address of person who completed cause of de Nancy Power Holt	MD DE	ept.	of Medi	icine Sin	ail H	spita/Baltim	
	31. DATE FILED (Mybrith, Day, Year) 32. REGISTRAR'S SIGN IAN 2. 4 1990 Service David		7			7,7	140	
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IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner

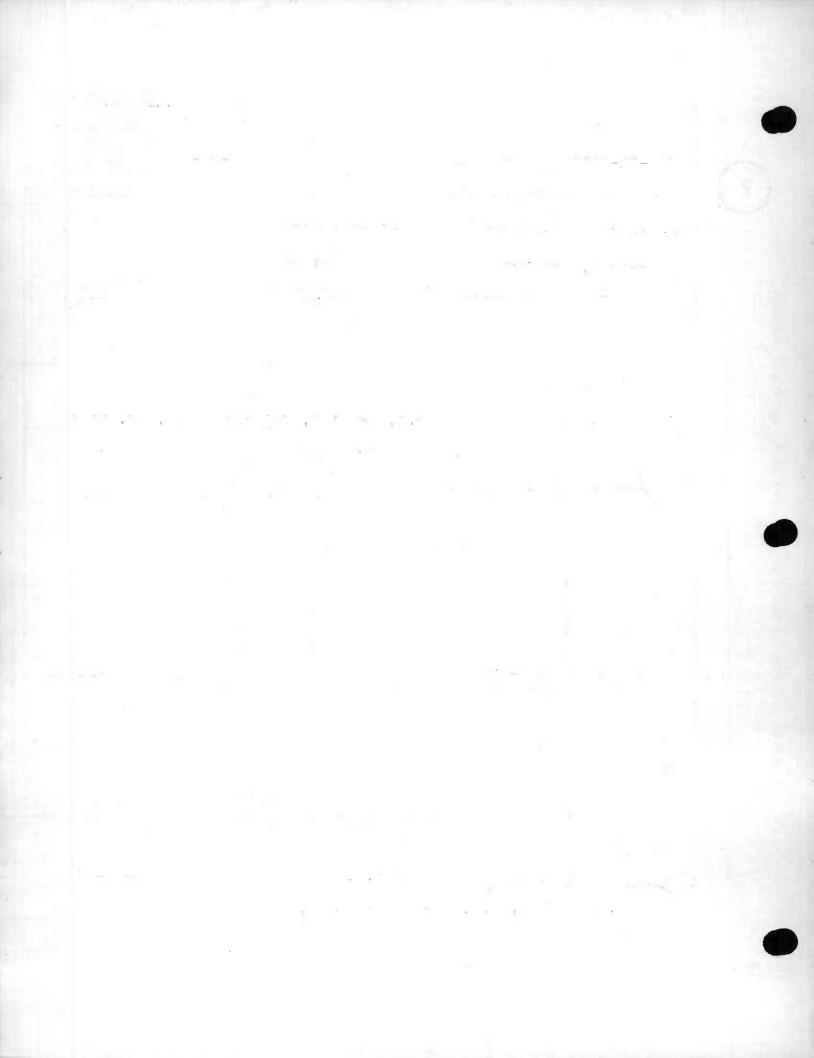
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## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIFIC	ATE OF	DEATH	REG. NO			
1. DECEDENT'S NAME (First, Middle, Last)		7	· · ·- ·		2. DATE OF DEATH	AY YEA	3. TIME OF DEATN	
MARVIN	н.	AN	DER		Jan. 23,	1990	8:25 - P M	
4. SOCIAL SECURITY NUMBER	5. SEX 8. AGI	' '	UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8. Bil	THPLACE (State or Foreign	
2(13 0,1 1313 )	1 M 2 □ F 6	9 YAS.	NTHS DAYS	HOURS MIN.	2-7-1920		linois	
99. FACILITY NAME (If not institution, give structure of the structure of	ALC: THE	94	Towso	n LOCATION OF DE	EATN / /	- M	more Co.	
100. STATE 10b. COUNTY		10c, CITY, T	OWN OR LOCA	TION		10d. INSIDE CITY		
	imore Co.	Tows		5. "		1 YES 2 NO		
1638 Aberdeen Ro			10	21204	04	A .		
11. MARITAL STATUS  1 Never Married Married  3 Wildowed 4 Divorced	12. WAS DECEDENT EVER FORCES? XIX YE IF YES, GIVE WAR OR WW T T		If yes, or		NIC ORIGIN? (Specify Yearin, Puerto Ricen, etc.) y:	ACE — American Indian, lack, White, etc. pecify:		
15. DECEDENT'S EDUCA	ATION	16a. DECEDENT'S US	JAL OCCUPATI	DN	16b. KIND OF BU	SINESS/INDUSTR		
(Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of work Me. Do NOT use n	done during me tired.)	et of working	17.6			
	Years	Expedit	er		Elect	ronics		
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Maiden			
Pau1	R.	Ander		Hattie	L.	Pog	gendorf	
19s. INFORMANT'S NAME (Type/Print)			ORESS (Street		Route Number, City or Tow			
Phyllis H. Ander	r				Towson,			
		0b. PLACE OF DISPOSITI				CATION — City o		
20a, METHOD OF DISPOSITION XX Buriel 2 Cremation 3 Remov	val from State	other place)						
4 Donation 5 Other (Specify)  21. SIGNATURE OF FUHERAL SHIPMER LIGHT		buraney v					,Maryland	
21. SIGNALUTE OF MILES TAKE	24						1 Home, P. A on, MD21204	
disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (OR AS	E A CONSEQUENCE OF):  A CONSEQUENCE OF):			TVIS		2 DAYS	
that initiated events resulting in death) LAST  d.								
PART II. Other algolificant conditions	contributing to death	but not resulting in	the underlyin	g cause given in	Part I. 24a. WAS AN PERFO	RMED?	24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. P	LACE OF DEATH (C/	neck only one)			
1 TES 2 NO	1 Inpetient 2 ER/O			ne 5 🗆 Residence	6 Other (Specify)			
27. MANNER OF DEATH  1 Natural 5 Pending	28a. DATE OF INJUR (Month, Day, Year		Y W	JURY AT ORK? YES 2 NO	28d. DEŞCRIBE NOW	INJURY OCCURE	)	
2 Accident Investigation 3 Suicide 6 Could not be determined	28e. PLACE OF INJU building, etc. (S	RY — At home, farm, stre	et, factory, offi	Ce .	281. LOCATION (Street City or Town, State	and Number or Ru )	ral Route Number,	
cond only	IAN: To the best of my kn						se(s) and manner as stated.	
29b/SIGNATURE AND PITLE OF CERTIFIER	M.D.			29c. LICENSE NU	MBER		NED (Month, Day, Year) UARZY23, 199	
30. NAME AND ADDRESS OF PERSON WHO	_ /	DEATH (ITEM 27) (Type, PI		)		2770	1111	
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SI							

	1 - STATE REGISTRAR				OF DEATH	REG. NO	1 6 6	-01565	
	1. DECEDENT'S NAME (First, Middle, Last) Nancy	LOUISE	ADA			2. DATE OF DEATH		3. TIME OF OEATH 0640	
	4. SOCIAL SECURITY NUMBER  577-22-5212  90. FACILITY NAME (If not institution, give	1 🗆 M 2 🔀 F	6. AGE (In yrs lest birtho	S. MONTHS	YEAR IF UNDER 24 HRS. DAYS HOURS MIN. TOWN OR LOCATION OF	7. DATE OF BIRTH	21	BIRTHPLACE (State or Foreign Country) WASHINGTON.	
TOR	Peninsula Gen		pital		alisbury	DEATH		Vicomico	
DIRECTOR	10e. STATE 10b. COUNT	Somerset	10c.	city, town on Prince	SS Anne			10d. INSIDE CITY LIMITS? 1 YES 2 0 NO	
FUNERAL	100. STREET AND NUMBER  Route 3, Bo	x 192			101. ZIP CODE 21853		10g. CITIZEN OF WHAT COUNTY		
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT	EVER IN U.S. ARMED YES 2 NO AR OR DATES	14	AS DECENDENT OF HISPA yes, specify Cuben, Mexic YES 2 NO Spec	RACE — American Indian, Black, White, atc. Specify: Black			
COMPLETED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)		(Give kind	OT use retired.)	CUPATION wring most of working	186. KIND OF BUI		ТЯ	
BE CON	17. FATHER'S NAME (First, Middle, Last)  JORENZO BROADN	ICK			NORA		SON		
TO	199. INFORMANT'S NAME (Type-Print)  OSCAR ADAMS  Rt. 3, Box 192, Princess Anne, Md. 2  209. METHOD OF, DISPOSITION  200. PLACE OF DISPOSITION (Name of comotory, cromatory or completely or Town, State, Zip Code)  200. LOCATION — City or Town,								
	20e. METHOD OF DISPOSITION 1   Burlal 2   Cremation 3   Rer 4   Donation 6   Other (Specify)								
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST	DUE TO (0  DUE TO (0  DUE TO (0  d.	OR AS A CONSEQUENC	DE OF): DE OF);				Onset and C	
MEDICAL CERTIFI	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	b.  DUE TO (1)  c.  DUE TO (1)  d.  ma contributing to c  Hip - 11	OR AS A CONSEQUENCE OR AS A CONSEQUENCE OR AS A CONSEQUENCE death but not result / 28/89	DE OF):  DE OF):  Ing in the und	lerlying cause given i	n Part I. 24a. WAS AN PERFOI	RMED?	24b. WERE AUTOPSY FIND AMAILABLE PRIOR TO COMPLETION DF CAU OF DEATH?	
MEDICAL CERTIFI	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST  PART II. Other significent conditions are conditionally in the condition of the conditio	b. DUE TO (c) c. DUE TO (c) d	OR AS A CONSEQUENCE OR AS A CONSEQUENCE OR AS A CONSEQUENCE death but not result /28/89 thematos	DE OF):  Ing In the und	26. PLACE OF DEATH (	PERFOI  1 YES 2  Check only one)	RMED?	24b. WERE AUTOPSY FIND AMAILABLE PRIOR TO COMPLETION DF CAL OF DEATH?	
PHYSICIAN: MEDICAL CERTIFI	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST  PART II. Other significent condition Fractured Systemic Interest Systemi	b. DUE TO (6 c. DUE TO (6 d. DUE TO (6 d. Tip - 11 U DUS ETY HOSPITAL: 1.X Inperient 2 D	OR AS A CONSEQUENCE OR AS A CONSEQUENCE OR AS A CONSEQUENCE death but not result /28/89 thematos	DE OF):  Ing in the und  SIS  OTHER: DA 4   Nursi	26. PLACE OF DEATH (	PERFOI  1 YES 2  Check only one)	RMED?	24b. WERE AUTOPSY FINA AMALABLE PRIOR TO COMPLETION DF CAL OF DEATH?  1 YES 2 NO	
ED BY PHYSICIAN: MEDICAL CERTIFI	PART II. Other algnificent conditions resulting in deeth)  PART II. Other algnificent conditions resulting in deeth) LAST  PART II. Other algnificent conditions of the condition of the conditio	b.  DUE TO (6  c.  DUE TO (6  d.  DUE TO (6  DUE	OR AS A CONSEQUENCE OR AS A CONSEQUENCE OR AS A CONSEQUENCE death but not result /28/89 thematos	DE OF):  Ing in the und  S1S  OTHER OF INJURY M	26. PLACE OF DEATH (0: ing Home 5   Residence 28c. INJURY AT WORK? 1   YES 2   NO	PERFOI  1 YES 2  Check only one)  6 Other (Specify)	INJURY OCCUR	24b. WERE AUTOPSY FIND AMALABLE PRIOR TO COMPLETION DF CAL OF DEATH? 1 YES 2 NO	
ETED BY PHYSICIAN: MEDICAL CERTIFICATION	PART II. Other significent conditions reaulting in deeth)  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 X YES 2 NO  27. MANNER OF DEATH  1 X Natural 8 Pending Investigation 3 Suicide 4 Momicide Physics Phy	b.  DUE TO (6  c.  DUE TO (6  d.  Mac contributing to c.  Hip - 11  Upus Ery  HOSPITAL:  1X Inputent 2    28a. DATE OF I (Month, Da)  28a. PLACE OF building, e	OR AS A CONSEQUENCE OR AS	OTHER:  OTHER:  OTHER:  OTHER:  INJURY M  Irm, street, factor	26. PLACE OF DEATH (6: ng Home 5   Residence 28c. INJURY AT WORK? 1   YES 2   NO ry, office	PERFOI  1 YES 2  Check only one)  6 Other (Specify)  28d. DESCRIBE HOW  28f. LOCATION (Street City or Town, State)  us to the cause(s) and ma	INJURY OCCUR	24b. WERE AUTOPSY FIND AMALABLE PRIOR TO COMPLETION DF CAU OF DEATH?  1  YES 2 NO	
BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFIC	PART II. Other significent conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST  PART II. Other significent conditions are significent conditions. If a condition of the conditions are significent conditions. If a conditions are significent conditions. If a conditions are significent conditions. If a conditions are significent conditions. If a conditions are significent conditions. If a conditions are significant as a condition of the conditions. If a conditions are significant are significant are significant as a conditions. If a conditions are significant are significant are significant are significant are significant. If a conditions are significant are si	DUE TO (6 b. DUE TO (6 c. DUE TO (6 d. DUE TO (6 d. DUE TO (7 d. DUE TO (7 d. DUE TO (7 d. DUE TO (8 d. DUE T	OR AS A CONSEQUENCE OR AS	OTHER:  TIME OF INJURY M  TIME	26. PLACE OF DEATH (IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	Check only one)  6 Other (Specify)  28d. DESCRIBE HOW  28f. LOCATION (Street City or Town, State)  us to the cause(s) and mather time, data and piece, as	INJURY OCCUR and Number or onner as stated. nd dus to the c	24b. WERE AUTOPSY FIND AMALABLE PRIOR TO COMPLETION DF CAU OF DEATH?  1  YES 2 NO	
COMPLETED BY PHYSICIAN: MEDICAL CERTIFICAL	PART II. Other algnificent conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST  PART II. Other algnificent conditions are conditions. Tractured Systemic Lives 2 Deep Lagrange Systemic Lives 2 Deep Lagrange Systemic Lives 2 Deep Lagrange Systemic Lives 2 Deep Lagrange Systemic Lives 2 Deep Lagrange Systemic Lives 2 Deep Lagrange Systemic Lives 2 Deep Lagrange Systemic Lives 2 Deep Lagrange Systemic Lives 2 Deep Lagrange Systemic Lives 2 Deep Lagrange Lagr	DUE TO (6  b. DUE TO (6  c. DUE TO (6  d. DUE TO (6  d. DUE TO (7  d. DUE TO (7  d. DUE TO (7  d. DUE TO (6  A DUE TO (7  d. DUE TO (7  d. DUE TO (7  d. DUE TO (8  A DUE TO (8  DUE TO (8	OR AS A CONSEQUENCE OR AS	OTHER OF INJURY M STREET, factor of the tinggetton, in my op (7) P. (7) PR. (7) Print)	26. PLACE OF DEATH (IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	PERFOI  1 YES 2  Check only one)  6 Other (Specify)  28d. DESCRIBE HOW  28f. LOCATION (Street City or Town, State)  us to the cause(s) and mather time, data and place, as	INJURY OCCUR and Number or onner as stated. nd dus to the c	1 YES 2 NO  RED  Rural Route Number,  cause(a) and manner as stell	

JAN 25 90



_		4. SOCIAL SECURITY NUMBER 214-12-6328	5. SEX 6	AGE (In yrs. les	i birthday) YRS.	IF UNDER t	YEAR IF UNDER 24 H DAYS HOURS M	RS. 7. DAT (Mor	E OF BIRTH	s N	BIRTHPLACE (State or For Country) [aryland	reign
(1)	ron	9e. FACILITY NAME (If not institution, give so Memorial Hospita					own or Location of			9c. COUNT	y of DEATH 1bot	
Pages	DIRECTOR	Maryland Dor	chester			town or O Ch	LOCATION	Avenu	ıe		10d. INSIDE CITY LIMITS?  1 X YES 2	
46 physician. burial-transit permit	FUNERAL	100. STREET AND NUMBER 110 Choptank	Avenue				101. ZIP CODE 216	13		10g, CITIZE	N OF WHAT COUNTRY?	
03-3146 attending physician. se as the burial-tran	BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT I FORCES? 1 [ IF YES, GIVE WAR	YES 2 X	MED	16.3	S DECENOENT OF H res, specify Cuban, M YES 2 N NO S	exican, Puarti	IIN? (Specify Yes o o Rican, atc.)	or No— to	Black, White, atc.  Specify: White	
212 stal or d for u	PLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	(G life	ive kind of w Do NOT us	usual occord done due retired.)	ring most of working	16	5b. KIND OF BUSI	NESS/INDUS	TRY	
MARYLAND 21; s retained by the hospital or 5 should be detached for notified at once.	BE COMPL	17. FATHER'S NAME (First, Middle, Lest)  Bradford F	rampton				18. MOTHER	nriet				
2 0	TO.	19a. INFORMANT'S NAME (Type/Print) Barbara Roff					Street and Number or F					
O. BOX 13146, BALTIMORE, certificate be executed within crinours after death. Page 6 may ding physician and completely filled in by the funeral director, pargiene prior to burial, cremation, or removal.		20a. METHOD OF DISPOSITION  1 Serial 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from State	other pl	ece)	rans	of comotory, cromator	rv	Hurl	ock.	y or Town, Stata	
		21. SIGNATURI OF THE ERAL SERVICE LIC	ENSEE			22, N/	ME AND ADDRESS	F FACILITY	Thomas	Fun	eral Home	13
	CERTIFICATION	23. PARTYL Enter the diseases, or a shock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	a. OUE TO (O	PR AS A CONSE	QUENCE OF	verl verl	Pas pure Complete	such as ca	ery Fa	atory arrea	Approxime interval Be Onset and Gara	etweer
CORDO uires that the signed by the Health and was any lin	MEDICAL	PART II. Other significant condition	es contributing to d	esth but not (	reaulting i	n the und	erlying cause give	n in Part I.	24a. WAS AN A PERFORM 1 YES 2	ED?	24b. WERE AUTOPSY FINANLE PRIOR 1 COMPLETION OF COF DEATH?	TO
law and bear.	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 VES 2 NO	HOSPITAL:			OTHER:	26. PLACE OF DEAT					
N OF VITA NG PHYSICIAN: The ther this certificate h eath with the State I marked, or item	BY PHYS	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF IN (Month, Day,	JURY	26b. TIM		Bc. INJURY AT WORK?  1 YES 2 N	28d. D	ner (Specify) ESCRIBE HOW IN.	JURY OCCU	RED	
UTTENDI TTENDI TTOR: A after d		3 Suicide 6 Could not be determined	28a. PLACE OF building, et	INJURY — At he c. (Specify)	ome, farm, s	treet, lactor	y, offica	281. LC	OCATION (Street an ity or Town, State)	d Number of	Rural Route Number,	
OR DIRECT	COMPLETED		ICIAN: To the best of m								l. cause(a) and manner as st	tated.
TO THE HOSPITAL TO THE FUNERAL De filed within 72 IMPORTANT: If	TO BE C	206. BIONATTHIRE AND TITLE OF CHIPPIPE	rede	MB			29c. LICENS	NUMBER		29d. DATE :	SIGNED (Month, Day, Year)	
		30, NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE	OF DEATH (ITE	M 27) /7/me	Print)						

32. REGISTRAR'S SIGNATURE

ature Randelle

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

Aaron

REG. NO.

YEAR

8. BIRTHPLACE (State or Foreign Country)

Approximata Interval Between Onset and Death

1990

2. DATE OF DEATH MONTH

January

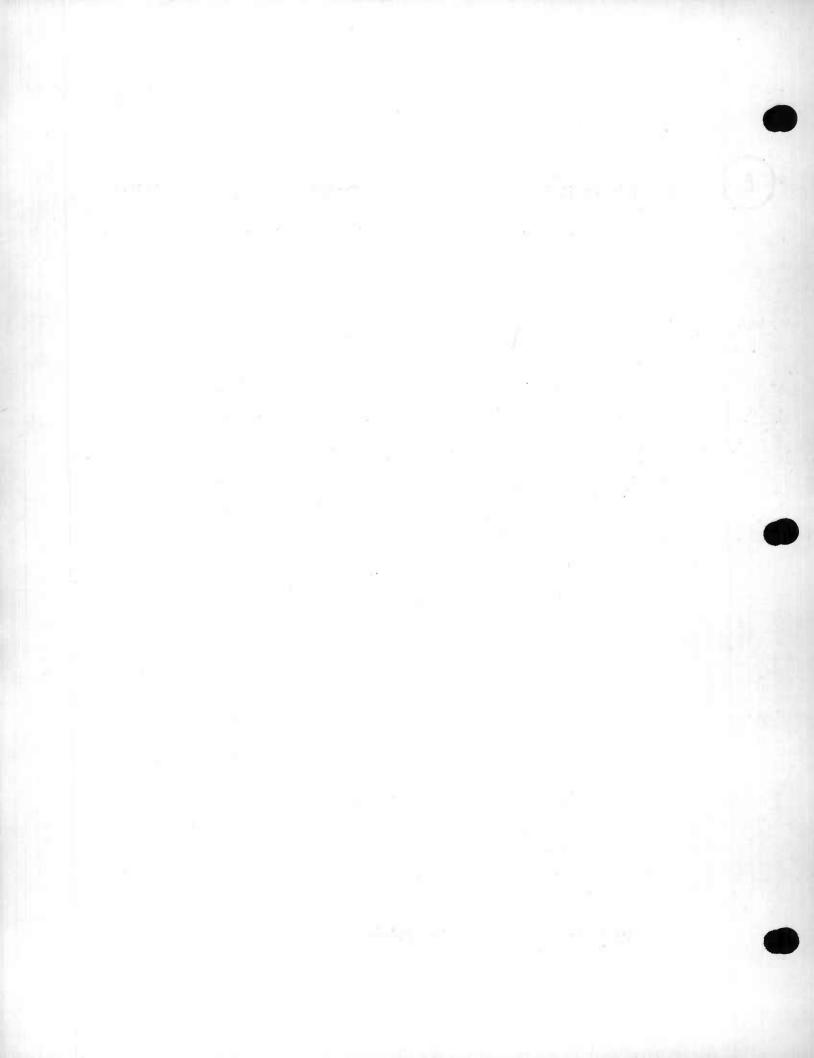
1 - FOR STATE REGISTRAR

1. DECEOENT'S NAME (First, Middle, Last)

31. DATE FILED (Month, Day, Year)

Elizabeth Etta

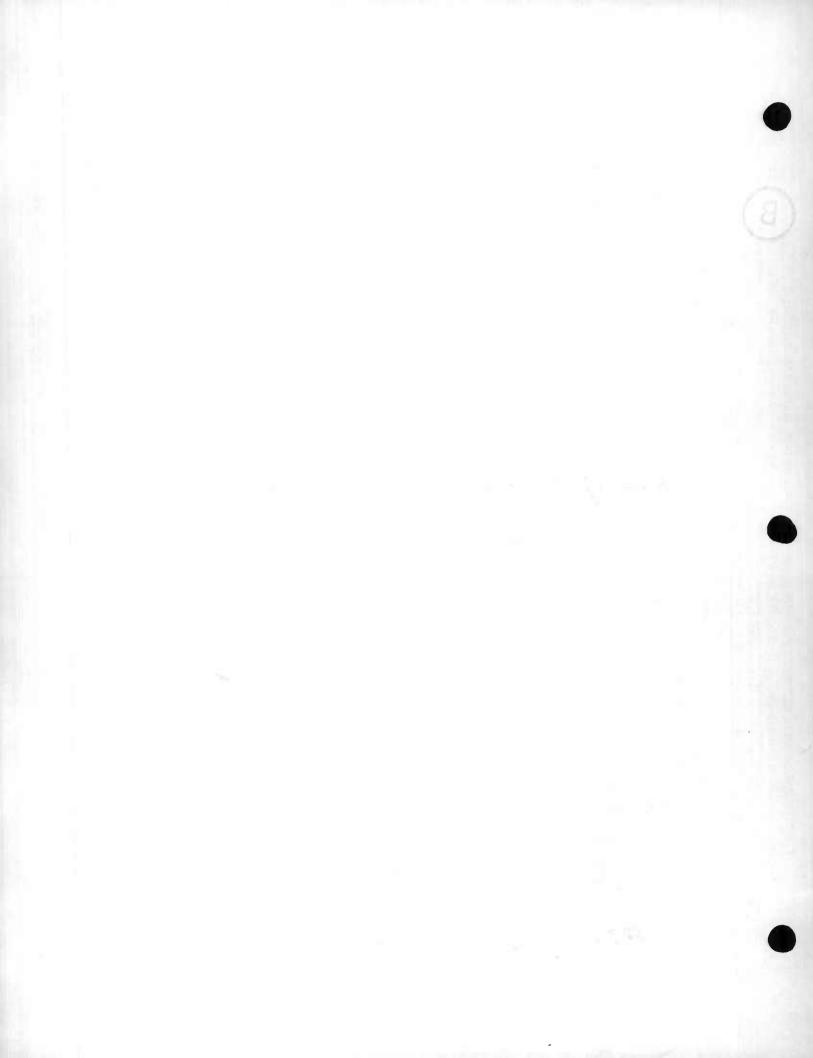
DHMH-18 Ray 1/89



DIRECTOR	SHADY GO	ove	Adventist	Hosp	ital!	Roc	kville			
EC	10e. STATE	10b. COUN	TY		10c. CITY,	TOWN OR LO	CATION			
F	Maryland	Mon	tgomery			Beth	nesda			
AL	10s. STREET AND NUMBER	R					10f. ZIP CODE			
ER	6506 Ro	ckhurs	t Road				20817			
BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 [ 3 Widowed 4 XD		12. WAS DECEDENT EX FORCES? 1 I	YES 2	ARMED ∭NO	If yes,	ECENDENT OF HISPAN specify Cuben, Mexican ES 2 1 NO Specify araquan	n, Puerto Ricen, etc		
		ECEDENT'S ED		16a.	DECEDENT'S US	UAL OCCUPA	TION most of working	18b. KIND O		
COMPLETED	Elementary/Secondary	(0-12)	College (1-4 or 5+) 5+		Iffe. Do NOT use i	etired.)	-			
MP			3+		ALC	orney	-			
	17. FATHER'S NAME (First,	avail	ablo					ME (First, Middle, Mi		
BE			anie		Section 1		Lillian	no		
2	190. INFORMANT'S NAME			196. MAILING ADDRESS (Street and Number or Rural Route Num 6506 Rockhurst Road Bet)						
	Blanca A							Bethesd		
	20a. METHOD OF DISPOS  OCCASuriel 2 Crema  4 Donation 5 Ott	tion 3 🗆 Re	moval from State	othe	r place)		cemetery, cremetory or Cemetery	20 S:		
	21. SIGNATURE OF FUNE	RAL SERVICE I	Famah		м00198	Robe	AND ADDRESS OF FAC rt A. Pump ethesda-Ch Wisconsin	phrey Fu		
	23. PART I. Enter the	diseases, o	r complications that can. List only one cause	used the	deeth. Do not	enter tha	mode of dying, suci	n aa cardiac or		
CERTIFICATION	disease or condition resulting in death)  Sequentially list condification in any, leading to implicate the cause. Enter UNDER! CAUSE (Disease or it that initiated events resulting in death) Li	nedlete LYING njury	b. DUE TO (OR	AS A CON	SEQUENCE OF):	tyc)ed	troce	Pha		
	PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a.									
N: MEDICAL	Ver	h'9	0	out and the	er resenting in		mig cause given in	Part I. 24a. W PE		
PHYSICIAN:	25. WAS CASE REFERRED EXAMINER?	JO MEOICAL	HOSPITAL:			26 THER:	PLACE OF DEATH (Che	eck only one)		
YSI	1 TES 2 THO		1 inpetient 2 □ ER	VOutpatien			ome 5 - Residence	6 Other (Specify		
У РН	27. MANNER OF DEATH  1 Netural 5 [ 2 Accident	Pending Investigation	28e. DATE OF INJ (Month, Day, )	URY bar)	28b. TIME	ry	INJURY AT WORK?  YES 2 NO	28d. DESCRIBE I		
TED B	0 0 0 1 1 1 1	Could not be determined	25e. PLACE OF IN building, etc.	JURY — Al (Specify)	t home, farm, atr	et, factory, o	ffice	28f. LOCATION (S City or Town,		
BE COMPLE	ocel -	EOICAL EXAMI	SICIAN: To the best of my NER: On the basis of exami					time, date end pla		
2	30. NAME ANO ADORESS	OF PERSON V	VHO COMPLETED CAUSE (	F DEATH	ITEM 27) (Type P	rint)	27	14.5		
- 1					The state of the state of the					

1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTA CERTIFIC	MENT OF H	EALTH AND DEATH	MENTAI	HYGIEN REG. NO	E 90	01566
1. DECEDENT'S NAME (First, Middle, L	Λ				2. DATE MONTH	OF DEATH	9	ar O927 M
4. SOCIAL SECURITY NUMBER 579-66-1811	5. SEX 6. AGE		F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	(Month	OF BIRTH b, Day, Ybar) 1 17,		BIRTHPLACE (State or Foreign Country) icaragua
SHADY GOVE	Adventist 1to	ospital "		rille	EATH		9c. COUNTY	of DEATH tgomery
10e. STATE 10b. CO		10c. CITY, T	DWN OR LOCAT					10d. INSIDE CITY LIMITS? 1 YES 2 NO
10e. STREET AND NUMBER			100	ZIP CODE			10g. CITIZEN	OF WHAT COUNTRY?
6506 Rockhur  11. MARITAL STATUS  1 Never Merried 2 Merried	12. WAS DECEDENT EVER I	2 NO	If yes, spi	20817 ENDENT OF HISPA icity Cuben, Mexico	nn, Puerto F			LVAGOT  RACE — American Indian, Black, White, atc.
3 Widowed 4 Divorced	IF YES, GIVE WAR OR D		Nica	2 □ NO Specificaguan				Specify: White
15. DECEDENT'S (Specify only highest ( Elementary/Secondary (0-12)		16a. DECEDENT'S US (Give kind of work life. Do NOT use n	NAL OCCUPATION to done during mostired.)	DN st of working	18b.	, KIND OF BU	SINESS/INDUS	Law
17. FATHER'S NAME (First, Middle, Last				18. MOTHER'S NA	AME (First, A	Aiddle, Maiden	Sumeme)	Dan
not avai	lable			Lillian			availab	ole
19e. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	ODRESS (Street a	nd Number or Rural	Route Numb	ber, City or Tow	n, State, Zip Co	de)
Blanca Alvare	Z	6506 R	ockhur	st Road	Beth	nesda,	Maryl	and 20817
20a. METHOD OF DISPOSITION  OCCUPANTIAL 2 Cremation 3 1  4 Donation 5 Other (Specify)	Removal from State	other place) Gate of He						ring, Maryland
21. SIGNATURE OF FUNERAL SERVICE	Formah	M00198	Robert Bet	D ADDRESS OF FA A. Pum Chesda-C Visconsi	phrey hevy	Fune	ral Ho	me/ MD 20814
23. PART I. Enter the disease, ahock, or heart fells immediate CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. Due to (or as a due to (or a) due to (or as a due to (or a) due t	A CONSEQUENCE OF):	tyd led	ro Co	ppl Zer	Laci de la Laci	Pus mio	Approximate Interval Between Onset and Death
PART II. Other algnificant cond	Itlone contributing to death t	out not resulting in t	the underlying	g cause given in	Part !.	24a. WAS AN PERFOI 1 TES	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 MO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?				ACE OF DEATH (C	heck only or	10)		
1 TES 2 THO	HOSPITAL:		THER:  Nursing Hom	e 5 🗆 Residence	6 🗆 Othe	r (Specify)		
27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident investigat	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME C	Y WO	URY AT RK?	28d. DES	CRIBE HOW	NJURY OCCUP	RED
3 Suicide 8 Could not 4 Homicide determine	buliding, etc. (Soe	Y — At home, ferm, atre	et, factory, offic			ATION (Street or Town, State		Rural Route Number,
and and	HYSICIAN: To the best of my know							
29b. SIGNATURE AND TITLE OF SERVI	THE LAND	M-D		29c. LICENSE NU	MBER 79	7	29d. DATE 8	IGNED (Month, Day, Year) 6-90
30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUSE OF DE	EATH (ITEM 27) (Type, Pr	rint)	101/6	TON	1 70	Ro	CKVILLE
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN		00.	0700	0,0	200	.,,	Ol VILLE

DHMH-16 Rev 1/89



	1 - STATE REGISTRAR	SIAIL OF MA	CE	RTIF	ICATE OF	HEALTH AND DEATH	MENTAL	REG. NO.	Ł	9(	010
	1. DECEDENT'S NAME (First, Middle, Las		Λ				2. DATE O	DA DA	W Y	EAR 3	. TIME OF GEATH
- 7	V		. Aum				1	19		90	11;20 P
	4. SOCIAL SECURITY NUMBER	6. SEX 6.	AGE (In yrs. les		MONTHS DAYS	HOURS MIN.	7. DATE O	Day, Year)		Country)	ACE (State or Foreign
i	200-24-2233  9a. FACILITY NAME (If not institution, gh					OR LOCATION OF D		29/189	9c. COUNTY	Pen	
TOR	Old Peoples		me			gansville			Wash		
DIRECTOR	10e. STATE 10b. COU	eanklin			y, town on Loc Greenca						Dd. INSIDE CITY LIMITS?  X YES 2 NO
FÜNERAL	100. STREET AND NUMBER  4 Baumgar	dner Dr.			1	or. ZIP CODE 17225					AT COUNTRY?
BY FÚNI	11. MARITAL STATUS  1 Never Married 2 Merried  3 M Widowed 4 Divorced	12. WAS DECEDENT E FORCES? 1	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☒ NO IF YES, GIVE WAR OR DATES			13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify cuben, Mexican, Puerto Rican, et 1 YES 2 🛛 NO Specify:				RACE -	American Indian. White, etc. White
0	15. DECEDENT'S E		16a. DE	CEDENT'S	USUAL OCCUPAT	TION	16b.	KIND OF BUS	SINESS/INDUS	TRY	
	(Specify only highest gri	College (1-4 or 5+)	(G	Do NOT u	work done during nee retired.) lesman	nost of working		lardwa	re/Imp	leme	ent Co.
E COMPL	17. FATHER'S NAME (First, Middle, Last) Ezra Auman			101	16. MOTHER'S NAME (First, Middle, Meiden Surname) Frances Zimmerman						
TO B	196. INFORMANT'S NAME (Type/Print)  Vera P. Auman  196. MAILING ADDRESS (Street and Number or Fural Route Number, City or Town, State, Zip Code)  4 Baumgardner Dr. Greencastle, Pa. 172										25
	20e. METHOD OF DISPOSITION 1 🕅 Burlel 2 🗆 Cremation 3 🗆 R	. 101	20b. PLACE other pl	OF DISPO		semetery, crematory or		_	CATION — City		
	4 Donation 6 Other (Specify)	emover from State	Upton	Chur		e Brethren		ry Pete	ers Twi	o. P.	a.
	21. SIGNATURE OF FUNERAL SERVICE  H. Martin	2 mmen	an J	<b>^</b> .	Zimm	and address of F erman And Greencast	Son			1е	
	ahock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition										Approximate Interval Batwee Onset and Dael
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST  b. DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):										
MEDICAL CE	PART II. Other algnificent conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED?									C	VERE AUTOPSY FINDING MAILABLE PRIOR TO OMPLETION DF CAUSE OF DEATH?  YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			26. OTHER:	PLACE OF DEATH (C	heck only one	)			
1YS	1 YES 2 NO 27. MANNER OF DEATH	1   Inpatient 2   E		DOA 28b. TIR		ome 5 Residence			NJURY OCCU	DEO	
BY PI	1 Natural 5 Pending	(Month, Day,		IN.	JURY V	YORK? YES 2 NO	200.020	JANUE 110W		LO	
- 4	2 Accident Investigation 3 Suicide 6 Could not determined	28e. PLACE OF I	NJURY — At ho c. (Specify)	me, ferm,	atreet, factory, of	lice	28f. LOCA City o	TION (Street of Town, State)	end Number or	Rural Rou	ite Number,
COMPLETED	one)	YSICIAN: To the best of m									and menner se stated.
BE CC	29b. SIGNATURE AND TITLE OF CERTI					29c. LICENSE NU	JMBER		29d, DATE S	IGNED (A	Aonth, Day, Year)
2	30. NAME AND AODRESS OF PERSON	WHO COMPLETED CAUSE	OF DEATH OTE	M 27) /5~	Print)	haly Gr	77576	6 - k	Ja	n 2	_2, 1990
	Reuben D.		s. B	a.r / L 1910	0		-	)	17-25		

Lulia Navidson-Randalle

JAN 25 '90

DHMH-16 Rev 1/89

•	1 - STATE REGISTRAR	STATE OF MA			CATE				REG. NO.	Ł		
1	1. OECEOENT'S NAME (First, Middle, Last)					71 2 121		2. DATE OF				3. TIME OF DEATN
	Jean	ne Ame	ndola					Jan	17, Î	990	YEAR	11:45 PM
	4. SOCIAL SECURITY NUMBER	5. SEX 6	. AGE (In yrs. les		MONTHS DA		DER 24 HRS.	7. DATE OF (Month, Di	BIRTN IV. Year)		8. BIRTH	NPLACE (State or Foreign
ı	201-16-0391	1 🗆 M 2 🔀 📈	71	YRS.	MONTHS DA	YS HOUR	S MIN.	6-6-				sylvania
ı	9a. FACILITY NAME (If not institution, give s	treet and number)			9b. CITY, TO	MN OR LOC	ATION OF DE	ATN		9c. COL	INTY OF D	DEATN
	Villa St. Michael	Nursing	Home		Balti	more	City				City	
	10e. STATE 10b. COUNT			10c. CITY	, TOWN OR L	OCATION						10d. INSIDE CITY
ı	Maryland Balti	more City		Bal	timore							1XXVES 2 NO
		Seton Dr				10f, ZIP C				10g. CIT		WHAT COUNTRY?
I	Villa St. Michael	V				212	207				USA	
	11, MARITAL STATUS 1 Never Married 2 Married  \${\$X\$ Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 [ IF YES, GIVE WAI	YES 2 X		tf ye	s, specify Co		NIC ORIGIN? (S n, Puerto Rica y:		or No—	14. RACI Blac Spec	E — American Indian, k, Whita, etc. ////////////////////////////////////
lì	15. DECEOENT'S EOU	CATION			USUAL OCCU			16b. Kt	ND OF BUS	SINESS/IN	DUSTRY	
I	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5 +)	(G	ive kind of w Do NOT us	rork done durin e retired.)	g most of wo	rking					
ı	12th Grade	College (I-4 of 5+)	Prof	essi	onal E	ntert	ainer	-   1	Jnkno	own		
ı	17. FATNER'S NAME (First, Middle, Last)		110.		ond 2			ME (First, Midd				
	Charles Burkett							Llen N	.,	,		
ı	19e. INFORMANT'S NAME (Type/Print)	5.	19	b. MAILING	ADDRESS (St			Route Number,	_		ip Code)	
	Balto Co. Dept of	Aging		511 C	entral	Ave.	Tov	vson,	MD	2120	)4	
ı	20a. METNOD OF DISPOSITION				SITION (Name o	of cemetery, o	crematory or		20c. LO	CATION -	- City or To	own, State
ı	1 Donatton 5 Other (Specify)	loval from State	other pi	Go	od She	phero	l Cem.		E115	Lcott	: Cit	y, MD
1	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE	1		22. NAN	E ANO ADD	RESS OF FA	CILITY	-1 D			Tno
	> John K	Am	05			-	perty	Funera Rd.			tous,	
1	23. PART L Enter the diseases, pr	complications that	caused the de	eath, Do n	_							Approximate
ı	shock, or heart fallure.											Interval Between Onset and Daath
ı	IMMEDIATE CAUSE (Final disesse or condition			SEP	SIC							Oliset and Dankin
H	resulting in deeth)	DUE TO (C	R AS A CONSE		-							1
1		b /	NEK	MO	NIA							
	Sequentially list conditions, if sny, leading to immediate	DUE TO (C	R AS A CONSE	OUENCE OF	7):							
ı	cause. Enter UNDERLYING CAUSE (Disease or Injury	C										
ı	that initieted events resulting in death) LAST	DUE TO (C	OR AS A CONSE	OUENCE OF	7):							
		d										
	PART II. Other significant condition			Paulting i	n the under	lying caus	e given in	Part i. 24	a. WAS AN		241	. WERE AUTOPSY FINDINGS
	MULTI -	LNFARC	-1	DE	MET	VIII			PERFOR			AWAILABLE PRIOR TO COMPLETION OF CAUSE
	CHRONIC	ANA	EMI	1		•						OF DEATH?
	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	11000000				6. PLACE O	F DEATN (C)	neck only one)				
	1 YES 2 NO	HOSPITAL:	ER/Outpatient	DOA	OTHER:  A   Nursing	Nome 5	Residence	6 Other (S	pecify)			
	27. MANNER OF DEATN	28e. DATE OF ti (Month, Day		28b. TIM	URY	WORK?		28d. DEŞCR	IBE NOW I	NJURY O	CCURED	
ļ	1 Natural 5 Pending 2 Accident Investigation					YES	2   NO					
	3 Suicide 8 Could not be 4 Nomicide determined	28s. PLACE OF building, e	INJURY — At he tc. (Specify)	ome, farm, s	street, factory,	office			ON (Street own, State)		er or Rural	Route Number,
	29a. CERTIFIER 1 CERTIFYING PNYS	ICIAN: To the best of m	w knowledge d	anth occur	od at the time	data and al	are and div	to the cause	(a) and ma	nner ee e	ated.	
	one)											a) end menner ee stated.
	29b. SONATURE AND TITLE OF CERTIFIE	A Volo				29c.	LICENSE NU	-2-		29d. DA	TE SIGNE	O (Month, Day, Year)
	30 NAME AND ADDRESS OF PERSON, WI	NO COMPLETED CAUSE	OF DEATH (ITE	M 27) (Type,	Print)	1	, 28	Λ			1/2	777"
	1ASNEEM L	AKHANI		20	PARK	HE	1GH	J M	IE, K	Acr	NI	) 21208
	JAN251990	Sectia Davidso	's signature	22.								
-11				_								

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 flours after death, tage (may be a tained by the hors) TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral vector, page, should be detached filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

bined by the hospital or attending physician. should be detached for use as the burial-transit permit, Pages 1, 2, 3 should

ARYLAND 21203-3146

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DHMH-18 Rev 1/89

er must be notified at once.

BALTIMORE, MARYLAND 21203-3146

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REG. NO.

	* REGISTRAR			ERITE	ICALE	: OF	DEA	H	F	EG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last) BRIGID	SERINIO	AGNEL	TNT A	NGEL	INI	-		2. DATE OF	DA		YEAR	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. i						7. DATE OF E	21,	19		M	
	199-20-6299	1 □ M 2 □XF	81	YRS.	IF UNDER	DAYS	HOURS	MIN.	11-16		8	e. BirthPlace (State or Foreig Pennsylvania		
~	Sa. FACILITY NAME (If not institution, give a			9b. CITY, TOWN OR LOCATION OF DEATH					EATH		9c. COUNTY OF DEATH			
DIRECTOR	1928 Stanhope Ro	ad		Dundalk						Baltimore				
E I											1	Od. INSIDE CITY		
	Maryland N/A			Ba	ltim	ore					LIMITS?			
AL	10e. STREET AND NUMBER						f. ZIP COD						AT COUNTRY?	
FUNERAL	6579 St. Helena						21222				tates			
5	11. MARITAL STATUS  1 Never Married 2 Married		YES 2 X	ARMEO NO		ll yes, sp	ecity Cube	n, Mexica	NC ORIGIN? (S n, Puerto Rice	pecify Yea n, etc.)	or No-	– American Indian, White, etc.		
ΒX	3 X Widowed 4 Divorced	IF YES, GIVE	MAR OR DATES			YES	2 <u>N</u> NO					Specify:	White	
	15. DECEDENT'S EDU	ENT'S EDUCATION 184. DECEDENT'S USUAL OCCUPATION 186. KIND OF BUSINESS (INDUSTRY)					DUSTRY	WILLCE						
COMPLETED	Elementary/Secondary (0-12)	(Specify only highest grade completed)  Elementary/Secondary (0-12) College (1-4 or 5 +)			se retired.)	aunng m	OST OF WORK	ig						
MPI	8th grade	8th grade n/a			Homemaker					m Ho	me			
8	17. FATHER'S NAME (First, Middle, Last)						16. MOT		ME (First, Midd					
BE	Anthony Serinto								vina Na					
0	19a. INFORMANT'S NAME (Type/Print)								Route Number, (					
	Delphia A. Woods		1			_			Balto.					
	1 3 Burial 2 Cremation 3 Rem 4 Donation 8 Other (Specify)	oval from State	other	ens of								ore, M	aryland	
	21. SIGNATURE OF FUNERAL SERVICE LIC	SEMSEE			D	uda.		Fur	neral H				k, Inc.	
$\perp$	23_PART I. Enter the diseases, or	1							enue Ba				222	
N		Cor	2905	Xice	F: -	tec	int	F	ailu	10	C-5C		Interval Between Onset and Death	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):													
	PART ii. Other aignificent condition	ne contributing to	death but no	t resulting	in the ur	derlyin	g cause	given in	Part i. 24	n, WAS AN	AUTOPSY	246. 1	VERE AUTOPSY FINDINGS	
: MEDICAL									1	PERFOR	. /		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
M	25. WAS CASE REFERRED TO MEDICAL					26. P	LACE OF D	EATH (Ch	eck only one)					
SIC	EXAMINER?  1 YES 2 NO	HOSPITAL:	☐ ER/Outpatient	3 DOA	OTHEI	R:	1		8 Other (S)	nec(fv)				
PHYSICIAN:	27. MANNER OF DEATH  1 Natural 8 Pending	28a. DATE O		28b. TIN		28c. IN.	JURY AT ORK?		28d. DESCRI		NJURY OC	CURED		
ED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)  28l. LOCATION (Street and Number or Rural Route Mi City or Town. State)						ute Number,						
COMPLETED	29e. CERTIFIER (Check only one) 2 MEDICAL EXAM	ICIAN: To the best of											and menner as stated.	
BE C	286. SIGNATURE AND TITLE OF STATES		1-				29t. LIO	ENBE NU	MBER		29d. DAT	TE SIGNED (	Month, Day, Year)	
10 B	Tola	Month	MD				DI	14:	55		P()	BN	22,1990	
F	30. NAME AND ADDRING OF PERSON WH	c. Va	GT	mo	s, Print)	70	40	2	MET	33	m	DA	21224	
	JAN 2 5 1990 - 3	No Davidson	Vii. Significant	_									,	

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Je.	att	200
ECTOR: After this certificate has been signed by the attending physician and completely filled in by the Innergonate or, age 5 should be di	de	6
òċ	0	to marked or item 23 shows any injury or other traumatic event, the medical exterior must be notified at o
0	aft	8

								90 01570		
	1 - FOR STATE REGISTRAR	STATE OF MARYL		RTMENT OF H		MENTAL HYGIEN REG. NO.	E			
	1. DECEDENT'S NAME (First, Middle, Lest)			^~~~~		2. DATE OF DEATH MONTH  1-19-90	W O VI	S. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 213-09-9300		In yrs. lest birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH	£ 8,	BIRTHPLACE (State or Foreign Country)  MARYAIND		
OR	9a. FACILITY NAME (If not institution, give so CHURCH HOSPITA	· ·	'ION		MORE CI		9c. COUNTY			
DIRECTOR	100. TATE 100. COUNTY MARYLAND BY	ALTIMORE	10c. Ci1	X SUMPLOP LOPE	DUNDALK		10d. INSIDE LIMITS			
FUNERAL	100. STREET AND NUMBER 7232 GERMAN HILL	ROAD		21222			10g. CITIZEN OF WHAT COUNT U.S.A.			
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER II FDRCES? 1 YES IF YES, GIVE WAR DR D		13. WAS DEC	ENDENT OF HISPANI polity Cuben, Mexican 2 1 NO Specify:	C ORIGIN? (Specify Yes i, Puerto Ricen, atc.)	or No.— 14.	RACE — American Indian, Black, Whita, atc. Specify:		
COMPLETED	15. DECEDENT'S EDU (Specily only highest grade Elementary/Secondary (0-12) 6TH GRADE	CATION completed)  College (1-4 or 5+)  N/A	(Give kind of life. Do NOT u	S USUAL OCCUPATION Work done during more retired.)  ME MAKER	st of working	16b. KIND OF BU	TRY			
	17. FATHER'S NAME (First, Middle, Last) PETER KAROPCHINS		TIO	HE PARCER	18. MOTHER'S NAM	ME (First, Middle, Maiden MARY NOT K		ь		
TO BE	19a. INFORMANT'S NAME (Type/Print) CATHERINE BALLIF				nd Number or Rural R	oute Number, City or Tow	n, State, Zip Co	<sup>de)</sup> 21222		
	CATHERINE BALLIET  819 JAYDEE AVENUE BALTIMORE, MD 21222  20a, METHOD OF DISPOSITION 1 X Burdel 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)  20b. PLACE OF DISPOSITION (Name of cemetery, crematory or HOLY PIRONITY RUSSIAN ORTHODOX 1-22-90 DORSEY, MARYLA)									
	22 NAME AND ADDRESS OF FIGHTY ALL HOME OF DUNDALK, INC. 7922 WISE AVENUE DUNDALK, MARYLAND 212									
ERTIFICATION	23. FART L Enter the diseases, or complicatione that ceused the death. Do not enter the mode of dying, such as cardiac or reepiratory arrest, ehock, or heart feliure. Liet only one ceuse on each line.  IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)  ADJUST TO (OR AS A CONSEQUENCE OF): CONGESTIVE HEART FAILURE  DUE TO (OR AS A CONSEQUENCE DF): ASCVD WITH ATRIAL FIBRILIATION CAUSE (Disease or injury that initiated events resulting in deeth) LAST									
MEDICAL C		as contributing to death by Aure of Pure DISORI	isoro	in the underlying	g cause given in I	AUTOPSY TIMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1  YES 2 NO			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL:	patient 3 🗆 DOA	OTHER:	ACE OF DEATH (Che					
BY PHY	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	26a. DATE OF INJURY (Month, Day, Year)	28b. TII	JURY WO	VES 2 ND	26d. DESCRIBE HOW	NJURY OCCUR	RED		
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spe	— At home, farm,	street, factory, offic		281. LOCATION (Street City or Town, State)		Rural Route Number,		
COMPLETE	000)	ICIAN: To the best of my know IR: On the basis of axamination						ause(s) and menner as stated.		
8	296. SIGNATURE AND TITLE OF CERTIFIE		no	>	29c. LICENSE NUM	CH H	29d. DATE 8	IGNED (Month, Day, Year)		
10	DR. ATAOLLAH		M. D. 1	00 N. I			ORE, MI	21231		
	31. JAN 25 1990"	32.009 TO SEE	MARKE							

TE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
ISTRAR	CERTIFICATE OF DEATH	REG. NO.

	1 - STATE OF 1	MARYLAND / DEPAR CERTIFI	TMENT OF HEALTI		TAL HYGIENE REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)  BARBARA BROOKE DENNIS			2. D	ATE OF DEATH DAY	3. TIME OF DEATH			
П	4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE (In yrs. last birthday)	IF UNDER 1 YEAR   IF UND	ER 24 HRS. 7. D.	7. DATE OF BIRTH 8. BIRTHPLACE (State or Form				
	214-14-4905  1 M 2 F  9a. FACILITY NAME (if not institution, give street and number)	79 YRS.	MONTHS DAYS HOURS	NC NC	Aonth, Day, Year)	O Cou	MD.		
œ	ROLAND PARK PLACE		BALTIMORE			9c. COUNTY OF	DEATH		
5	RESIDENCE OF DECEDENT								
DIRECTOR	10a. STATE 10b. COUNTY MD.		TOWN OF LOCATION	.Y		10d. INSIDE CITY LIMITS? XX YES 2 \(\sum \text{NO}\)			
	10e. STREET AND NUMBER		101. ZIP CO	DE		10g. CITIZEN OF	WHAT COUNTRY?		
ER/	840 WEST 40th. ST		21211			II S A			
BY FUNERAL	11. MARITAL STATOS  12. WAS DECEDE FORCES?	NT EVER IN S. ARMED 1 YES 2 NO WAR OR DATES	13. WAS DECENDENT If yes, specify Cui	en, Mexicen, Pue					
6	15. DECEDENT'S EDUCATION (Specify only highest grade completed)		USUAL OCCUPATION ork done during most of wor	kina	16b. KIND OF BUSIN	ESS/INDUSTRY			
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5	RITER	OWN HO	ME					
BE COR	17. FATHER'S NAME (First, Middle, Lest) GEORGE R. DENNI		ME (First, Middle, Meiden Surneme) ORTHINGTON McGILL						
2	199. INFORMANT'S NAME (Types/Print)  JOHN W. AVIRETT  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, Stere, Zip Code)  830 WEST 40 \$\forall h\$. ST BALTIMORE MD. 21211								
	20s. METHOD OF DISPOSITION 1 General 2 Cremetion 3 Removal from State 20b. PLACE OF DISPOSITION (Name of cametery, cremetory or other place) 20c. LOCATION — City or Town, State								
	4 □ Donation 5 □ Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICENSEE	(3)	REEN MT. CRI		L BALT		D 21202		
V	· William R. Paule	777	H.W.JENK				YORK RD. 4D. 21212		
	23. PART i. Enter the diseases, or complications the	at caused the deeth. Do n	Dt snter ths mods of o	lying, auch as	cardisc or respira	tory srrest,	Approximate interval Between		
	IMMEDIATE CAUSE (Final disease or condition resulting in death)  a. CALLAGORD CONSEQUENCE OF):  Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events  DUE TO (OR AS A CONSEQUENCE OF):								
_									
CERTIFICATION									
CER	resulting in death) LAST	d							
MEDICAL	RT ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a, WAS AN AUTOPSY PERFORMED?  1 YES 2 NO						46. WERE AUTOPSY FINDINGS  AMAILABLE PRIOR TO  COMPLETION OF CAUSE  OF DEATH?  1 YES 2 NO		
N.									
흐	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:								
PHYSICIAN:	27. MANNER OF DEATH 280. DATE O		URY WORK?	28d	Other (Specify) . DESCRIBE HOW IN.	JURY OCCUREO			
ED BY	2 Accident Investigation 28e. PLACE	OF INJURY — At home, farm, a	M 1 ☐ YES 2		281. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
COMPLETE	29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the ceuse(e) end manner as attated.								
OM	one)  2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and manner ee stated.								
BE	296. SIGNATURE AND, TITLE OF CERTIFIER  70	296. SIGNATURE AND, TITLE OF CERTIFIER  296. LICENSE NUMBER  296. LICENSE NUMBER  296. LICENSE NUMBER  1/25/96							
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CA WILLIAM F. FRITZ	USE OF DEATH (ITEM 27) (Type,		WEST UN	NIVRTSITY	PKWY.	21210		
	31. DATE FILED (MONTH, Day, Year) 32. REGISTE JAN 2 5 1990 Francis Savidse	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE							
	JANA JOSU STANDENIOS	Manhatana							

1. DECEDENT'S NAME (First, Middle, Last		CERTIFIC	CALE OF	DEATH		REG. NO.				
Margare T	Margaret Mar	4			2. DATE OF MONTH	DEATH DAY	90	3. TIME OF DEATH		
2181-28-8348BER 218-28-8398			F UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF (Month, D		0. BIRTH	PLACE (State or Foreign		
9a. FACILITY NAME (If not institution, give	V .	1 1	96 CITY TOWN O	OR LOCATION OF I	DEATH	9c. CO	UNTY OF D	EATH		
KESWICK RESIDENCE OF DECEDENT			Bilt.	MD		8	ith.	270		
				ION	Towson		10d. INBIDE CITY LIMITS?  1 YYES 2 NO			
10s. STREET AND NUMBER 2300 Dulaney Valley Road			101	ZIP CODE 2	204			THAT COUNTRY?		
11. MARITAL STATUS	12. WAS DECEDENT EVER IN	U.S. ARMED	13. WAS DEC	ENDENT OF HISP	ANIC ORIGIN?	Specify Yes or No-	JSA 14. RACE	— American Indian,		
1 Never Married 2  Married 3  Widowed 4  Divorced	FORCE8? 1 YES	TES	If yes, sp	2/2 NO Spec	cen, Puerto Rici		Speci	, White, etc.		
15. DECEDENT'S EL (Specify only highest gra Elementary/Secondary (0-12)	College (1-4 or 5+) 4 years	Give kind of wo	SUAL OCCUPATION AND AND AND AND AND AND AND AND AND AN	at of working		nd of Buainess/i		en <b>c</b> y		
17. FATHER'S NAME (First, Middle, Last)	Frenk Patri	ck Brady		Eliza	beth Ce	de Maiden Sumame ecelia Fi	raini	е		
19a. INFORMANT'S NAME (Type/Print)						City or Town, State,				
Mrs. Sally Jenki 200. METHOD OF DISPOSITION	20b.	PLACE OF DISPOSE	TION (Name of cer	igh Rd.,		20c. LOCATION	1212 - City or To	wn, State		
1 Surial 2 Cremation 3 Removal from State 4 Donation 6 Other (Specify) New Cathedral Cem.						Baltimore, MD				
21. SIGNATURE OF FUNERAL BERVICE LICENSEE  John G. Reitz  ARE AND ADDRESS OF FACILITY Mitchell-Wiedefeld Home 6500 York Rd. Baltimore, Maryland 212							and 21212			
IMMEDIATE CAUSE (Final disease or condition resulting in death)  Due to (or as a consequence of):  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  Onset and Death  A CAUSE (Disease or injury that initiated events resulting in death) LAST										
PART ii. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part i.						24a, WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?				
						1 YES 2				
	25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one)									
			26. P	LACE OF DEATH (	Check only one)	-				
EXAMINER?	HOSPITAL: 1   Inputient 2   ER/Outp		OTHER:	LACE OF DEATH (		Specify)				
EXAMINER?  1 YEB 2 NO  27. MANNER OF DEATH  1 Westurel 5 Pending	1 Inpatient 2 ER/Outp  26a. DATE OF INJURY (Month, Day, Year)		OTHER: 4 Nursing Hon OF 28c. IN.		6 - Other (5	Specify) RIBE HOW INJURY (	OCCURED			
EXAMINER?  1 YE8 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending	1 □ Inpatient 2 □ ER/Outp  26a. DATE OF INJURY (Month, Day, Year)  28c. PLACE OF INJURY building, etc. (Spec	26b. TIME	OTHER: 4 Nursing Hon OF 28c. IN. IRY M 1	Ne 6 Residence	26d. DESCF			Route Number,		
EXAMINER?  1 YEB 2 NO  27. MANNED OF DEATH  1 Netural 5 Pending Investigation 2 Accident Investigation 3 Suicide 6 Could not be determined  29e. CERTIFIER 1 CERTIFYING PHY	1 □ Inpatient 2 □ ER/Outp  26a. DATE OF INJURY (Month, Day, Year)  28c. PLACE OF INJURY building, etc. (Spec	26b. TIME 26b. TIME INJU  — At home, farm, st	OTHER: 4 Nursing Hon OF 28c. IN. IRY W 1 1 reet, factory, office d at the time, data	THE 6 Residence RURY AT DRK? YES 2 NO	28d. DESCE	ON (Street and Num. Town, State)	ber or Rural (			
EXAMINER?  1 YEB 2 NO  27. MANNED OF DEATH  1 Netural 5 Pending Investigation 2 Accident Investigation 3 Suicide 6 Could not be determined  29e. CERTIFIER 1 CERTIFYING PHY	1   Inpetient 2   ER/Outp 26a. DATE OF INJURY (Month, Dey, Year) 28e. PLACE OF INJURY building, etc. (Spec YSICIAN: To the best of my knowl INER: On the basis of examination	26b. TIME 26b. TIME INJU  — At home, farm, st	OTHER: 4 Nursing Hon OF 28c. IN. IRY W 1 1 reet, factory, office d at the time, data	THE 6 Residence RURY AT DRK? YES 2 NO	28d. DESCF 28d. DESCF 28f. LOCATI City or use to the cause the time, data ar	ON (Street and Num. State)  (a) and menner as a did place, and due to	ber or Rural i			
EXAMINER?  1 YEB 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation 2 Accident 3 Suicide 6 Could not be determined  29e. CERTIFIER 1 CERTIFYING PHY  2 MEDICAL EXAMINER?	1   Inpatient 2   ER/Outp 26a, DATE OF INJURY (Month, Day, Year) 28e, PLACE OF INJURY building, etc. (Spec  YSICIAN: To the best of my knowl INER: On the basis of axamination	attent 3 DOA 26b. TIME INJU	OTHER: 4 Nursing Hon OF WHY M 28c. IN. WY 1   reet, factory, office d at the time, date t, in my opinion, of	IURY AT SHAPE SHAP	28d. DESCF 28d. DESCF 28f. LOCATI City or use to the cause the time, data ar	ON (Street and Num. State)  (a) and menner as a did place, and due to	ber or Rural i	i) and menner as stated		

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BALTIMORE, MARYLAND 21203-3146

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after deed Print in the retained by the hospital or attending physician.

TO THE FUNERAL DIRECTION: After this certificate has been signed by the attending physician and completely filled in by the funeral death may 5 should be detached for use as the burial-trans be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows eny Injury, or other traumatic event, the medical examiner must notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

STATE OF MARYLAND /	DEPARTMENT	OF HEALTH	AND	MENTAL	<b>HYGIEN</b>
CE	RTIFICATE	OF DEAT	TH		REG. NO

	1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.										
	1. DECEDENT'S NAME (First, Middle, Last)						2	DATE OF DEATH			3. TIME OF OEATH
ľ	AMELIA	EMMA			BUNK			JAN. 24		90	9:05 A M
	4. SOCIAL SECURITY NUMBER		s. AGE (in yrs. lost i	hirthday)	IF UNDER 1 YE			DATE OF BIRTH (Month, Day, Year)		Count	HPLACE (State or Foreign
	218-44-4131	1 🗌 M 2 💢 F	78	YRS.	MONTHS DA	'S HOURS	MIN. S	ept. 27,	1911	Ma	ryland
	9a. FACILITY NAME (If not institution, give a	street and number)			9b. CITY, 101	N OR LOCATIO	ON OF DEATH	1	9c. COU	NTY OF E	DEATH
DIRECTOR	Harbor Hospital Center				Balt	imore	City		Balt. City		
딥	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNT			10c. CITY, TOWN OF LOCATION				1.			10d. INSIDE CITY
DIR	Maryland Anne	Anne Arundel			Millersville						LIMITS?
	10e. STREET AND NUMBER				101. ZIP CODE			10g. CITIZEN OF WHAT COUNT			WHAT COUNTRY?
FUNERAL	197 West Pasadena	na Road				21	108		U	ISA	
5	11. MARITAL STATUS	12. WAS DECEDENT									E — American Indian,
BY F	1 Never Married 2 Married  3 XXWIdowed 4 Divorced	1 Never Married 2 Married FORCES? 1 YES  #F YES, GIVE WAR OR DATE						y: Specify:			offy:
	15. DECEDENT'S EDU	I CATION	16. 000	DECEDENT'S USUAL OCCUPATION				166, KIND OF BUSINESS/INDUSTRY			White
COMPLETED	(Specify only highest grade	completed)	(Glv	kind of v	work done during retired.)	most of worldn	g	166. KIND OF BUS	inc35/inu	USINI	
2	Elementary/Secondary (0-12) 8th	None		omen	aker			Owi	n Hom	1e	
8	17. FATHER'S NAME (First, Middle, Last)					18. MOTH	ER'S NAME	(First, Middle, Maiden			
C	Henry	Kinde	er			Hi1	da		Y	ank	У
) BE	19a. INFORMANT'S NAME (Type/Print)		19b.	MAILING	ADDRESS (St	et and Number	or Rural Rout	te Number, City or Town	n, State, Zip	Code)	
2	Mrs. Betty Lou St	ivers		San	ne as	10e					
	20s. METHOD OF DISPOSITION 1 Å Burlal 2 Cremation 3 Rem	novel from State	20b. PLACE O	F DISPOS	SITION (Name o	f cemetery, crem	natory or	20c. LO	CATION —	City or To	own, Stata
	4 Donation 5 Other (Specify) Glen Haven M					Memorial Park Glen Burnie, Maryland					
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  1 SECOND AVE. S.W.										
	SINGLETON FUNERAL HOME, GLEN BURNIE, MD2106										
	23. PART I. Enter the diseases, or			th. Do r							Approximata Interval Between
	IMMEDIATE CAUSE (Final Onset and Death										
	resulting in death)  a. SEPSIS  DUE TO (OR AS A CONSEQUENCE OF):										
S	Sequentially list conditions,	, F	PAILU	2E							
TA	If any, leading to immediate cause, Enter UNDERLYING	/1000=1	1-	(	7	do	S.1 -	L			
윤	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events  Due to (or as a consequence of):							1			
CERTIFICATION	resulting in death) LAST		Cett-								
2	PART II, Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS										
CAL	PART II. Other aigniticant condition	na contributing to c	leath but not re	sumng	in the under	lying cause (	given in Pa	PERFOR		24	AMAILABLE PRIOR TO COMPLETION OF CAUSE
ă								_ 1   YES 2	□ NO		OF DEATH?
×								-			1 YES 2 NO
PHYSICIAN: MEDI	25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one)										
Sici	EXAMINER?	HOSPITAL:	FR/Outpettent 3 (	DOA	OTHER:			Other (Specify)			
¥	27. MANNER OF DEATH	28a. DATE OF I	NJURY	28b. TW	E OF 284	INJURY AT		8d. DEŞCRIBE HOW I	NJURY OC	CURED	
	Natural 5 Pending	In construction			M 1	WORK?	□ NO				
BY	2 Pacifically			At home, farm, street, factory, office		2	BI. LOCATION (Street a	and Numbe	r or Rural	Floute Number,	
TED	4 Homicide determined	City or Town, Sti				Oily or lown, Siere)	ire)				
COMPLET	29a. CERTIFIER (Check only)  CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and menner as stated.										
WO	One) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and dua to the cause(a) and menner as stated.										
E C	296. CATURE AND TITLE OF CERTIFIE	ROLL				29c. LIC	ENSE NUMBE	ER Do	29d. DAT	E SIGNE	O (Month, Day, Year)
0	brew p.	100		Mi	$\geq$	Hou	use S	taff	> €	110	24/90
5	30. MANE AND ADDRESS OF PERSON WI	HO COMPLETED CAUS	E OF DEATH (ITEM	27) (Type			_			-	
	HARBOR 1	tosp. (	CENTE	2_	<b>B</b> 4	TIM	IRE	515	0		
31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE  LAN 2.5 1990 Ray Saidson-Randelle.											
	IAN 2.5 1990	The David	son-gande	-							

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Pres	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the lumbral day		IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner
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SING	lin b	N III	B
24 h	filled	ion,	he
within	pletely	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	rent, 1
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32. REGISTRAR'S SIGNATURE

JAN 2 5/940

	1 - FOR REGISTRAR	STATE OF M	MARYLAND /		TMENT O			MENTAL	HYGIEN REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Last)	R.		BAU	ER			2. DATE O	OF DEATH DA		YEAR	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 2/5056 8 6 6	5. SEX	8. AGE (In yrs. lesi	birthday) YRS.		AYS H	IF UNDER 24 HRS.	N. (Month, Day, Year) Country 2/25/17 M				RY LAND
OR	9a. FACILITY NAME (If not institution, give str Harbor Hosp:		nter	Ba	9b. CITY, TOWN OR LOCATION OF DEATH  21to.City.Md.					H		
DIRECTOR	10a. STATE 10b. COUNTY			10c. CITY, TOWN OR LOCATION Balto.City.Md.							d. INSIDE CITY LIMITS?	
FUNERAL	100. STREET AND NUMBER 1409 Riversid	e Ave.				101. Z	2123	0			USA	T COUNTRY?
B	11. MARITAL STATUS 1 Nover Merried 2 Married 3 Widowed 4 Divorced  12. WAS DECEDENT EVER IN U.S. ARM FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES.				If yea, specify Cuban, Mexican, Puerto Rican, etc.) Blec					Bleck, W	American Indian, hite, atc.	
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)  Asst.Treasurer  16b. KIND OF BUSINESS/INDUSTRY  16b. KIND OF BUSINESS/INDUSTRY  16c. College (1-4 or 5 +)  Asst.Treasurer  Equitable Bank											
BE COM	17. FATHER'S NAME (First, Middle, Last) Augusta G. Schreier, S						18. MOTHER'S NA Kati	ME (First, M	_	Surneme)	llia	
TO B	Patricia H	Jo	ran 191				Number or Rural					)
	20s. METHOD OF DISPOSITION  1		Cedar	of Dispo	SITION (Nome	eme	tery, cremetory or			CATION — CI	Md.	
	21. SIGNATURE OF FUNERAL SERVICE LIC	ensee /a	10				ADDRESS OF FA		l Hor			Fort Ave
	23. PART I. Enter the diseases, or c shock, or heart fellure. I IMMEDIATE CAUSE (Final disease or condition resulting in death)	ist only one cau	ise on each line									Approximata Interval Batween Onset and Daath
CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  Abdominal - Autic Arrangem											
၂	PART II. Other significant condition	a contributing to	death but not r	esulting	in the unde	rlying	ceuse given in	Part I.	24a. WAS AN PERFOR 1 YES 2	MED?	CO	PRE AUTOPSY FINDINGS ARILABLE PRIOR TO MAPLETION DF CAUSE DEATH? YES 2 NO
PHYSICIAN: MEDICA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO  27. MANNER OF DEATH	HOSPITAL: 1) Inpatient 2 [ 28a, DATE OF	ER/Outpatient 3	DOA 26b, TII	OTHER:		CE OF DEATH (Ch	6 🗆 Other		NJURY OCC	JRED	
B	1 Netural 5 Pending Investigation 2 Accident Investigation 3 Suicide 6 Could not be determined		New, Year)  OF INJURY — At ho etc. (Specify)			_	K? S 2 NO	281. LOCA	ATION (Street or Town, State)	end Number o		e Number,
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICONE) 2 MEDICAL EXAMINE											nd menner ee stated.
TO BE CO	29b. SIGNATUME AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WH	6. En	2. J.		277	1	29c. LICENSE NU	MBER		29d. DATE	SIGNED (M	onth, Day, Year)

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		FOR 1 - STATE REGISTRAR	STATE OF MA				HEALTH AND		YGIENE EG. NO.		90 015
		1. DECEDENT'S NAME (First, Midd		-				2. DATE OF S	DEATH DAY	VEAD	3. TIME OF DEATH
		Charles W. E	Brown					/	19	90	10:56p
/		4. SOCIAL SECURITY NUMBER		AGE (In yrs.	lest birthday)	IF UNDER 1 YEAR		7. DATE OF B (Month, Day		6. BIRT	NPLACE (State or Foreign
2 -		218-40-453	7 1 M 2 D F	48	YRS.	MONTHS DATS	HOURS MIN.	4-2	5 / 1		Md.
2, 3 should		Sa. FACILITY NAME (If not institution	on, give street and number)	,			N OR LOCATION OF D	EATN	9c. C	DUNTY OF	DEATH
2,	OB		critan Hospi	tal		BALT	mort C	ity			
	DIRECTOR	RESIDENCE OF DECEDE  10e. STATE 10b.	COUNTY		T the CIT	Y, TOWN OR LOC	CATION	7			10d. INSIDE CITY
Page	E	BAMD.			-	BALTIM		11			LIMITS?
J.		10e. STREET AND NUMBER			E		101. ZIP CODE	7	I 10a (	TIZEN OF	WNAT COUNTRY?
be set	RA		20 MAN AVE				2121	3	log.	ATTECH OF	11 < A
3146 ing physician. the burial-transit permit. Pages 1,	FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT 8		ARMED	13. WAS D	ECENDENT OF HISPA	NIC OBIGINS (8)	necify Ves or No.	14 BA	CE — American Indian,
16 ohysid		1 Never Merried 2 Merri	CONCEON 4	YES 2		fl yes,	specify Cuban, Mexico	en, Puerto Ricer		Bla	ck, White, etc.
ing s	BY	3 Widowed 4 Divorced	ir rea, dire war	ON DATES		, , , ,	ES 2 NO Specif	y:		Spe	on: White
21203-3146 Tal or attending physician. for use as the burial-trar	ETED		IT'S EDUCATION lest grade completed)			USUAL OCCUPA		16b. KIN	D OF BUSINESS	INDUSTRY	
2 8 2	E I	Elementary/Secondary (0-12)	Cotlege (1-4 or 5 +)		He. Do NOT us	se retired.)	most of working				
ND 2.	MPI		4		Drai	tsman			Public	Scho	ols
Z E	COMPL	17. FATHER'S NAME (First, Middle,	,				18. MOTHER'S NA			)	
\$ 60 to	BE (	F. Winti	F. Winfield Brown Louise Morris								
B street	10	19a, INFORMANT'S NAME (Type/P					et and Number or Rural				27.407
M S S	-	Mr. F. Winfie	ld Brown		6201	Kiver	Crescent :	Ur. Ai	nnapoli	s, Ma	. 21401
ME, I		20s. METHOD OF DISPOSITION 1)X) Burlel 2 Cremation 3	☐ Removal from State	20b. PLAC	E OF DISPO	SITION (Name of	cemetery, cremetory or		20c. LOCATION		0.71
MORE age 6 ma director, p		4 Donation 5 D Other (Spec	olfy)	P	arkwoo	od Ceme					, Md.
TIN TIN Tine		21. SIGNATURE OF FURIERAL SET	1 11 10		,	22. NAME MTT	CHELL-WIE	DEFELD	HOME.	INC.	
BALTIMORE, er death. Page 6 may he funeral director, pa ral.		Sherman Denny, Jr. 6500 York Road Baltimore, Md.									. 21212
BA in by the removal.		23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardisc or respiratory arrest,									Approximeta
POE		ahock, or heert fellure. List only one ceuse on each line.									Interval Batween Onset and Deat
within piletely filled cremation, or cremati		IMMEDIATE CAUSE (Final disease or condition	Cando	Lac	anno	1					
146, nted within completely ial, cremati: event, ti	H	resulting in deeth)		R AS A CONS		F):					<del>-  </del>
4 8 2 4 9	z		- Ven	tracu	lan	tack	nesent	LA			
S C S E	CERTIFICATION	Sequentially list conditions, if any, leading to immediate		AS A CONS	SEQUENCE O	F):			4 ,	0	
OX Oxidian prior trau	S	cause. Enter UNDERLYING	2 . Signer	ed Vo	rivul	us vs	mesent	ence 1	momb	5200	
四 <u> </u>	Ē	CAUSE (Disesse or injury that initiated events	GUE TO (O	R AS A CONS	EOUENCE O	F):		-			
0	H	resulting in death) LAST	d								
		PART II. Other aignificant of	anditions contributing to d	eath but no	t monulation	In the undedu	des seus ches le	Book I as	. WAS AN AUTOP	av I a	Ib. WERE AUTOPSY FINDINGS
D = 25 = -	CAL	Maligne		) .	t resulting	iii the underly	ing cades given in	F 001 L 1. 244	PERFORMED?	2	AVAILABLE PRIOR TO
COR uires the signed Health an	MEDIC	- Macy	) 10/10					1(	YES 2 NO		OF DEATH?
m 8 2 2 5							_	_			1 YES 2 NO
M 3 0 5 m	SICIAN:										
Z = ====	i i	25. WAS CASE REFERRED TO ME EXAMINER?	HOSPITAL:	SS2 1 35		OTHER:	PLACE OF DEATH (C	heck only one)			
	YS	1 PYES 2 NO	1 Pinpatient 2 🗆 8		_		lome 5 - Residence				
OF PHYSI this o	РНУ	27. MANNER OF DEATN  1 Netural 5 Pand	25e. DATE OF IN (Month, Day,		28b. TIR	JURY	INJURY AT WORK?	28d. DEŞCRI	BE NOW INJURY	OCCURED	
	BY	2 Accident Inves	tigation	DI HIPPY AA	<u></u>		YES 2 NO				
	8	3 Suicide 8 Could 4 Homicide deter	d not be building, et	c. (Specify)	nome, tarm,	street, factory, or	ntes		N (Street end Nur wn, State)	nder or Hurs	I Ploute Number,
DIVISION OR ATTENDING DIRECTOR: After hours after death	ETED	an areas									
DIV TAL OR A TAL DIRECTOR A TZ hours	COMPL	one)	NG PNYSICIAN: To the best of m								
HOSPITAL FUNERAL within 72 I	ő	2 MEDICAL	EXAMINER: On the basic of exa	mination end/	or investigati	on, in my opinior	n, death occured at the	e time, dete and	place, end due i	o the cause	e(e) and manner es stated.
TO THE HOSPI TO THE FUNER be filed within	BE	296. SIGNATURE AND TITLE OF	4/1				29c. LICENSE NU	MBER	296.	DATE SIGNE	ID/(Muriti, Pay, Year)
2 2 3 <b>W</b>	10 B	/Oleg/h	- Mace	nn			D220	34	•	11	19/90
	F		RSON WHO COMPLETED CAUSE	OF DEATH (I	TEM 27) (Type	Print)	1/2	, 72		- 105	1
		GREG V	M. MACC	M.D.	/	700 E.	Norther	N MA	y July	C (00)	2/239

HISTORIUM A

and he detached for use as the burial-transit permit. Pages 1, 2, 3 should

I at once.

	1 - FOR STATE OF MARYL REGISTRAR		NT OF HEALTH AND I	MENTAL HYGIENE REG. NO.					
	1. DECEDENTS NAME (First, Middle, Leat) Regunald A.	BRow.	N	2. DATE OF DEATH DAY	22 YEAR 3. TIME OF DEATH P				
		MONTH	ER 1 YEAR IF UNDER 24 HRS.  DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8. BIRTHPLACE (State or Foreign Country)				
		O YRS.		12/4/49	MARYLAND				
æ	90. FACILITY NAME (If not institution, give extreet and number)  90. CITY, TOWN OR LOCATION OF DEATH  90. COUNTY OF DEATH  1.AUREL  1.AUREL								
DIRECTOR	RESIDENCE OF DECEDENT	LE HOSF.			LAUREL				
E I	10e, STATE 10b, COUNTY	10c. CITY, TOW	OR LOCATION		10d. INSIDE CITY				
	MARYLAND	BAL'	TIMORE CITY		1 YES 2 NO				
FUNERAL	10e. STREET AND NUMBER		10f. ZIP CODE		10g. CITIZEN OF WHAT COUNTRY?				
W	4117 ROCKFIELD AVENUE		21215		USA				
	1Y Never Married 2 Married FORCES? 1 YES	2 NO	3. WAS DECENDENT OF HISPAN If yes, specify Cuben, Mexica	n, Puerto Ricen, atc.)	Black, White, atc.				
B⊀	3 Wildowed 4 Divorced IF YES, GIVE WAR OR D	ATES	1 YES 2X NO Specify		Specify: BLACK				
8	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDENT'S USUAL	OCCUPATION ne during most of working	16b. KIND OF BUSH					
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5 +)	ille. Do NOT use retired	f.)	CAPITO	L MAILING				
MP		CLER	K		VICE				
8	17. FATHER'S NAME (First, Middle, Last)		16. MOTHER'S NA	ME (First, Middle, Malden Si	urname)				
BE	SAMUEL J. BROWN	The second second		BOWMAN					
8	19e. INFORMANT'S NAME (Type/Print)		SS (Street and Number or Rural I						
	RUTH G. BROWN  20s. METHOD OF DISPOSITION 200		Name of cemetery, cremetory or		MORE, MD 21215 ATION — City or Town, State				
	1X Burial 2 Cremetion 3 Removal from State	other place)		100					
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		TAR CEMETER  2. NAME AND ADDRESS OF FA		NSVILLE, MD.				
	21254 - 1 1 1 =				FUNERAL HOME				
	23. PART I. Inter the disease, or complications the ceuse	d the death. Do not an	1600 T.TRERT	Y HETCHTS	AVENUE Approviments				
	shock, or heart fallure. List only one cause on a	sch lina.	or the mode organity, soc	i sa cardiac or respire	Interval Between				
	IMMEDIATE CAUSE (Final disease or condition	te Panal	Tailure		Onset and Deeth				
	resulting in death) e	A CONSEQUENCE OF):	7,200						
_	Soptacoma								
CERTIFICATION	Sequentially list conditione, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury)  C. DUE TO (OR AS A CONSEQUENCE OF):  A 1 D S - H VV POSITIVE C. C. CAUSE (Disease or Injury)								
<u>র</u>	cause. Enter UNDERLYING CAUSE (Disease or Injury	4105 -	HIV pe	3cl use					
빌	that Initiated events resulting in death) LAST	A CONSEQUENCE OF):	•						
띩	d								
SAL	PART II. Other eignificent conditions contributing to death I	out not resulting in the	underlying cause given in	Part I. 24s. WAS AN A PERFORM					
- 1	acute fromhopm	umon	2 -	1 □ YES 2					
ME	conjective pag	m Fr	whate	_   ′	1   YES 2 NO				
PHYSICIAN: MED	Supporte B	actions	Ento	antil	5				
5	25. WAS CASE REFERRIED TO MEDICAL EXAMINER?	ОТН	26. PLACE OF DEATH (Ch	eck only one)					
YSI	1 YES 2 NG Inpatient 2 ER/Out	patient 3 DOA 4 D	lursing Home 5 🗆 Residence						
	27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Dey, 19ac)	286. TIME OF	28c. INJURY AT WORK?	28d. DESCRIBE HOW IN	JURY OCCURED				
B⊀	2 Accident Investigation	Y — At home, farm, atreet,	YES 2 MO	See LOCATION Comment	nd Number or Rural Route Number,				
6	3 Suicide 8 Could not be determined building, etc. (Spe	cly) 12 Yh	actory, office	City or Town, State)	id Number of Parel Plants Number,				
COMPLETED	29e. CERTIFIER	1- ///		Many Seedles Seedles	STORIE SAVV				
MP	(Check only one)  Check only one)  Check only one)  Check only one)								
8		area area area area area area area area							
BE	296. BIGHAFURE AND TITLE OF CERTIFIER MO		D C	1027	29d. DATE SIGNED (Month, Day, Year)				
၉	30. MAN AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DI	EATH (ITEM 27) (Type, Print)	7	0//	11/1/10				
	U3450 Ft. Meale	Rd #	205 6	and,	NA DOJOJ				
	31. DATE FILED (Month, Day, Shar)	= Manda Re	,		,				

se as the burial-transit permit, Pages 1, 2, 3 should

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-nours after death, Page 6 may be relained by TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be filed within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be netified. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

1 -	FOR STATE REGISTRAR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- 10	REGISTRAR		CERTI	FICATE	OF DEATH	REG. NO				
	DECEDENT'S NAME (First, Middle, Lest)  JAMES	RIO	CHARD	BIL	7	2. DATE OF DEATH DO January	23,1990	AR 3. TIME OF DEATH M		
	4. SOCIAL SECURITY NUMBER		E (In yrs. lest birthday			7. DATE OF BIRTH		BIRTNPLACE (State or Foreign		
	217-38-2802	1 💢 M 2 🗆 F	48 YRS.	MONTHS D	AYS HOURS MIN.	Feb. 27 1	941	Maryland		
HZ	90. FACILITY NAME (If not institution, give s 8216 Analee Ave.		7.7	www.or.location.of.b sedale	EATH	9c. COUNTY Bal	of DEATH timore			
DIRECTOR	RESIDENCE OF DECEDENT									
Ä	10e. STATE 10b. COUNTY	1	10c. C	ITY, TOWN OR I	OCATION			10d. INSIDE CITY LIMITS?		
	Maryland Ba	ltimore			Rosedale Tor. ZIP CODE		1 VES 2 X NO			
FUNERAL	8216 Analee Ave	nue						ed States		
BY FUN	11. MARITAL STATUS 1	12. WAS DECEDENT EVE FORCES? 1 YOU IF YES, GIVE WAR OF	2 XNO	If y	DECENDENT OF HISPA is, specify Cuban, Mexico YES 2 NO Specify		Black, White, atc.			
	15. DECEDENT'S EDU	16a. DECEDENT	'S USUAL OCCI	PATION	16b. KIND OF BU	SINESS/INDUST	White			
COMPLETED	(Specify only highest grade Elementery/Secondary (0-12)	College (1-4 or 5+)			ng most of working	Dowt	of Bal	timoro		
M	12		Securi	ty Guar				timore		
	17. FATNER'S NAME (First, Middle, Leat)  JOSEPH		Bilz			AME (First, Middle, Meiden		oltzman		
BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILI	NG ADDRESS (S		Route Number, City or Tow				
2	Ruby Helen Bilz		821	6Anale	e Avenue	Baltimore,	Marvl	and 21237		
	200. METNOD OF DISPOSITION		20b. PLACE OF DISP		of cemetery, cremetory or		CATION — City			
	1 Donetion 5 Other (Specify)	oval from State	Gardens (	of Fait	h 1/26/90	Ba	1timor	e Maryland		
	21. SIGNATURE OF FUNERAL SERVICE LIC				ME AND ADDRESS OF F			1d. 21214		
	> milton .	Knight	L. Milgit	Le	onard J. R	uck, Inc.		larford Rd.		
	23. PART i. Entar the diseases, or o	complications that cau	sed the death. Do	not enter th	e mode of dying, au	ch as cardiac or resp	ratory arrest,			
•	shock, or heart fellure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	HINA TO SEE STATE OF		Qual	Do to	tion		Interval Between Onset and Death		
	disease or condition resulting in death)  s. Due to (on as X consequence of):									
CERTIFICATION	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING									
FIC	CAUSE (Disease or injury that initiated events	c. DUE TO (OR A	S A CONSEQUENCE	OF):	F):					
ERTI	resulting in death) LAST	d,								
	PART II. Other significant condition	s contributing to deat	h but not resultin	g in the unde	rlying cause given in			24b. WERE AUTOPSY FINDINGS		
EDICAL						PERFOR		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
ME								1 - YES 2 - NO		
등	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	28. PLACE OF DEATH (C	heck only one)				
Ś	1 TES 2 NO	1   Inpatient 2   ER/C	Outpatient 3 DOA		Home 5 🗆 Residence	6 Other (Specify)				
PHYSICIAN:	27. MANNER OF DEATH  1  Natural 5  Pending	28s. DATE OF INJUI (Month, Day, Yes		NJURY	e. INJURY AT WORK?	28d. DESCRIBE NOW	NJURY OCCUR	ED		
B	2 Accident Investigation 3 Suicide & Could not be	28s. PLACE OF INJ	JRY — At home, farm			281, LOCATION (Street	and Number or F	Sural Route Number		
TED	4 Homicide 6 Could not be determined	building, etc. (3		,		City or Town, Stete,				
COMPLETED	(Grock Griff	ICIAN: To the best of my k						suse(a) and menner ee stated,		
296. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, New,								GNED (Month, Pay, Year)		
TO B	30. NAME AND ADDRESS OF PERSON WI	O COMPLETED CALISE OF	DEATH STEM 27) /5	Da. Printi	126	1 27	10	23/70		
	Paul A. Valle,	Jr.,M.D.	101		North Poin	t Rd.				
	JAN 25 1991 1001)	LO DELYGRON-	GNATURE 2nde B2							

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Jus after death. Page 6 may be minimal to THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 shows be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be mounted.

												-91	0 01578	
	1 - STATE REGISTRAR		STATE OF M	IARYLAND /	DEPAR ERTIF	ICAT	T OF H	EALTH DEAT	AND I	MENTAL HYGIEN REG. NO.				
8	1. DECEDENT'S NAME (First,	, Middle, Last)	CA	ROL EVE	RETT	BUC	K			2. DATE OF DEATH DO	W S	YEAR SO	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMB	ER	5. SEX	6. AGE (In yrs. le:	st birthday)	hday) IF UNDER 1 YEAR IF UNDE			24 HRS.	7. DATE OF BIRTH		5. BIRTH	PLACE (State or Foreign	
	213-07-2490	)	1 XX 1 2 □ F	81	YRS.	MONTHS	DAYS	HOURS	MIN.	1-28-1908	8	WEST	VIRGINIA	
	9a. FACILITY NAME (If not in	stitution, give s	treet and number)			9h. CIT	V TOWN C	R LOCATIO	ON OF DE	ATH	9c. COUI	NTY OF DE	EATH	
e e	FRANCIS SCO	TT KEY	MEDICAL	CENTER			BA	LTIMO	ORE (	CITY				
DIRECTOR	RESIDENCE OF DEC	10b. COUNTY	,		100 000									
E	MARYLAND		ALTIMORE		10c. CI	T, TOWN	OR LOCAT	DUNE	\7\ T TZ			-	10d. INSIDE CITY LIMITS?	
	10e. STREET AND NUMBER	Dr	TITINGE				1 404	ZIP CODE			40- 0171	TEN OF W	1 TYES 2XX NO	
RA	21 YORKWAY						101	. ZIP CODE	212	22	10g. CITI		S.A.	
N N	11. MARITAL STATUS		12. WAS DECEDENT	EVED IN ILS AS	PHEN	122	Whe DEC	ENDENT O		IC ORIGIN? (Specify Yes	as No. I			
BY FUNERAL	1 Never Married 2 Married 1 Never Married 2 Married 3 Widowed 4 Divorced FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES					13.	If yes, sp	2 XNO	n, Mexica Specifi	n, Puarto Rican, atc.)	or No.	Black Specif	— American Indian, White, etc.	
日	15. DEC	EDENT'S EDU	CATION	16a, DI	ECEDENT'S	USUAL C	CCUPATIO	ON of supplied	_	16b. KIND OF BUS	BINESS/IND	USTRY		
4	Elementary/Secondary (0	-	College (1-4 or 5 +	166-	. Do NOT u	se retired.)	auring mo	at or worken	19					
15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  10TH GRADE  N/A  17. FATHER'S NAME (First, Middle, Lest)  16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)  STEEL ROLLER  18. MOTHER'S NAME (First, Middle, Lest)								BETHLE	HEM S	KEGIY	CORP.			
18	17. FATHER'S NAME (First, M.							147 167		AME (First, Middle, Malden Sumame)				
BE	JAMES HENRY									LLEN DAVIS				
2	19a, INFORMANT'S NAME (7)									Route Number, City or Tow				
	WILMA G. BU				1 YO					RE, MARYLAI	MD OIL	2122	.2	
	20s. METHOD OF DISPOSITI  1 X Burial 2 Crematio  4 Donation 5 Other	n 3 🗆 Ram	oval from State	OAK L	lece)						CATION — BALTI		wn, State	
	21. SIGNATURE OF FUNERAL	1. SERVICE LI	- Fis	hul		D	JDA-1	ND ADDRES	SS OF FA		OF DU	NDAL	K, INC.	
CERTIFICATION	23. PART I. Enter the dishock, or himmediate CAUSE (Findisese or condition resulting in deeth)  Sequentially list conditi if any, isading to immecsuse. Enter UNDERLYI CAUSE (Disease or injut that initiated events	dons, diete	a	se on eech line	OUENCE O	not ente	r the mo	de of dyi	ng, suc	has cardiac or reapi	ratory em	rest,	Approximate interval Between Onset and Death	
CERTI	resulting in death) LAS		d											
PHYSICIAN: MEDICAL	PART II. Other algnifice	nt condition	s contributing to	deeth but not	resulting	in the u	nderlyin	g csuse (	given in	Part i. 24s. WAS AN PERFOF 1 TYES 2	IMED?	24b.	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO	
25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)														
SIC	EXAMINER? 1 YES 2 NO		HOSPITAL: 1   Inpatient 2	ER/Outpatient	3 DOA	OTHE 4 Nu		6 5 Re	aldence	5 Other (Specify)				
ву РНУ	27. MANNER OF DEATH  1 Neturat 5 Pending (Month, Day, Year)  2 Accident (neestigation)					ME OF JURY M		URY AT PRK? YES 2	] NO	25d. DESCRIBE HOW INJURY OCCURED				
	3 Suicide 5	Could not be determined	25e. PLACE Of building,	F INJURY — At he atc. (Specify)	ome, farm,	street, fac	tory, offic	•		281. LOCATION (Street : City or Town, State)		or Rural R	loute Number,	
COMPLETED	0.001									to the cause(a) and ma			) and manner as stated.	
29b. SIGNATURE AND TUTLE OF CERTIFIED 29d. DATE SIGNED (MONNY, Day, M. D. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF PERSON WHO CAUSE OF PERSON WHO C								(Monty, Day, Year)						

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

DIV CARDINOGY 10 JAN 25 1990 32. REGISTRAR'S SIGNATURE

DHMH-16 Ray 1/89

BE COMPLETED BY FUNERAL DIRECTOR

at once.

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	포	B	M	M
	H	H	filed	0
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 25 mours after death. Page 6 mm. To THE HOSPITAL OR ATTENDING PHYSICIAN:	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral direct property of the property of the funeral direct p	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner mad in movine

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	ITEM: 28b per ME G-	660										90	015	579
	2-26-90 CM 1 - STATE REGISTRAR	STATE OF N	MARYLAND /	DEPAR ERTIF	TMEN1	OF H	EALTH DEAT	AND N	MENTAL	HYGIEN REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last) HEN	TRY PR	ECIOUS		BRO	NWC	III		MONTH	0F DEATH DA	ΝY	YEAR	: 33PM	TH M
	4. SOCIAL SECURITY NUMBER 579-96-1717	5. SEX 1. XX M 2 ☐ F	6. AGE (In yrs. Inc	st birthday)	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS. MIN.	7 DATE O		70		ACE (State or Fe	oreign
	9a. FACILITY NAME (If not institution, give st		19	rnə.	Ob CITY	TOWN	R LOCATIO			10,10	-			
œ	2300 Penbrook Co	,	walk- f	ront			Pleas		ALIV		12.5	NTY OF DEAT	orges	Co
6	RESIDENCE OF DECEDENT							arre.			LTTI			
DIRECTOR	Maryland Prince	George'	S	Palm	y, town o		ION					X	HINSIDE CITY LIMITS? YES 2	
FUNERAL	10e. STREET AND NUMBER						ZIP COOE					ed Sta	T COUNTRY?	
当	2302 Tuemmler Ave						0785							
B	11. MARITAL STATUS  TM Never Married 2 Married  3 Wildowed 4 Divorced  12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES ALMO IF YES, GIVE WAR OR DATES					WAS DEC If yes, spo 1 YES	ENDENT O	F HISPANI n, Maxican Specify:	IC ORIGIN? 1, Puerto Ri	(Specify Yealcan, etc.)	or No—	14. RACE — American Indian, Black, Whita, etc. Specify: Black		
	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working							ıa	16b.	KIND OF BUS	SINESS/INC			
COMPLETED	Elementary/Secondary (0-12) Collega (1-4 or 5+) iffe. Do NOT use retired.)  7th.  Unemployed  N/A													
BE CO	17. FATNER'S NAME (First, Middle, Last) Henry Precious Brown, Jr.  18. MOTHER'S NAME (First, Middle, Maiden Surname) Delores Moore													
1	19a. INFORMANT'S NAME (Type/Print) Willette Moore									orings			20746	
/	20a, METHOD OF DISPOSITION    Surial 2   Cremation 3   Remo	oval from State	20b. PLACE other p Harm		iemor	ial	Park			Lando	ver,	Mary.	land	
	21. CONATURE OF FUNERAL SERVICE LIC	ENSEE - Me	al .	Le									eral H and 20	
	I. Enter the diseases, or of ahock, of heert fellure. I IMMEDIATE CAUSE (Finel disease or condition	List only one cau	it cadeed the duse on each line	e.			de of dy	ing, euch	h se cardi	iec or reepi	iratory er	reet,	Approximinterval B Onset an	Between
	reculting in death)		(OR AS A CONSE										1	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	b	(OR AS A CONSE	OUENCE O	F):							-	1	
2	CAUSE (Disease or Injury	a. DUE TO	(OR AS A CONSE	OUENCE O	Ð.									
H	that initiated events reaulting in death) LAST	d			35									
	PART II. Other algnificant condition	s contributing to	death but not	resulting	In the U	nderlyln	g cause (	given in i	Part i.	24a. WAS AN			ERE AUTOPSY F	
PHYSICIAN: MEDICAL										PERFOR		CO	WAILABLE PRIOR OMPLETION OF F DEATH? YES 2	CAUSE
N.	25. WAS CASE REFERRED TO MEDICAL		-											
SC	EXAMINER?  1 YES 2 NO	HOSPITAL:	EB/Outputlant	2 🗆 004	OTHE	-			s XX ther		SC	ENE		
HYS	27. MANNER OF DEATH	28a, DATE OF	NJURY	28b. TIN	AE OF	28c. INJ	URY AT	esidenca		(Specify)				
ВУ Р	1 Netural 5 Pending 2 Accident Investigation	1 18	<del>-</del> 90"	9.3	JP M	1 🗆	YES 2	¥no	SUE	SJECT	SHOT			
	3 Suicide 6 Could not be determined	28e. PLACE ( building	of Injury — At h stc. (Specify) SIDEW	ome, farm, VALK,	FRO	fectory office 281 LOCATION (S			TION (Street )  Y Town, State)  Penb	Street and Number or Rural Route Number, State) Enbrook Ct., Seat Pleasa			leasa	
F	29a. CERTIFIER (Check only 1 CERTIFYING PNYS)							, and due						
COMPLETED	(Check only one) XXX MEDICAL EXAMINE													
Ö	$\rightarrow$	1 11 11	1	-			-							

5. WAS CASE REFERRED TO MEDICAL		26. PLACE OF OEATN (Check only one)								
EXAMINER?  1 YES 2 NO	HOSPITAL: 1   Inpatient 2   ER/Outpatient 3	DOA 4 Nur	R: sing Nome 8 - Residence	s & SCENE						
7. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	288. DATE OF INJURY 1 (Months Day) (har)	28b. TIME OF UNIURY 9:33P M	28c. INJURY AT WORK? 1 YES 2 NO	28d. DESCRIBE HOW INJURY OCCURED SUBJECT SHOT						
3 Suicide 6 Could not be determined	28e. PLACE OF INJURY — At hor building, atc. (Specify)	me, farm, street, fact ALK, FROM	tory, offica	281. LOCATION (Street and Number or Rural Route Number, 2300 Penbrook Ct., Seat Pleas						

SIGNATURE AND TITLE OF CERTIFIED	0 11	29c, LICENSE NUMBER	29d. DATE SIONED (Month, Day, Year)
Howe F Yell	n M	OCME	▶ 1-19-90

30, NAME AND ADDRESS OF PERSON AND COMPLETED CAUSE OF GEATN (FTEM 27) (Type, Print)

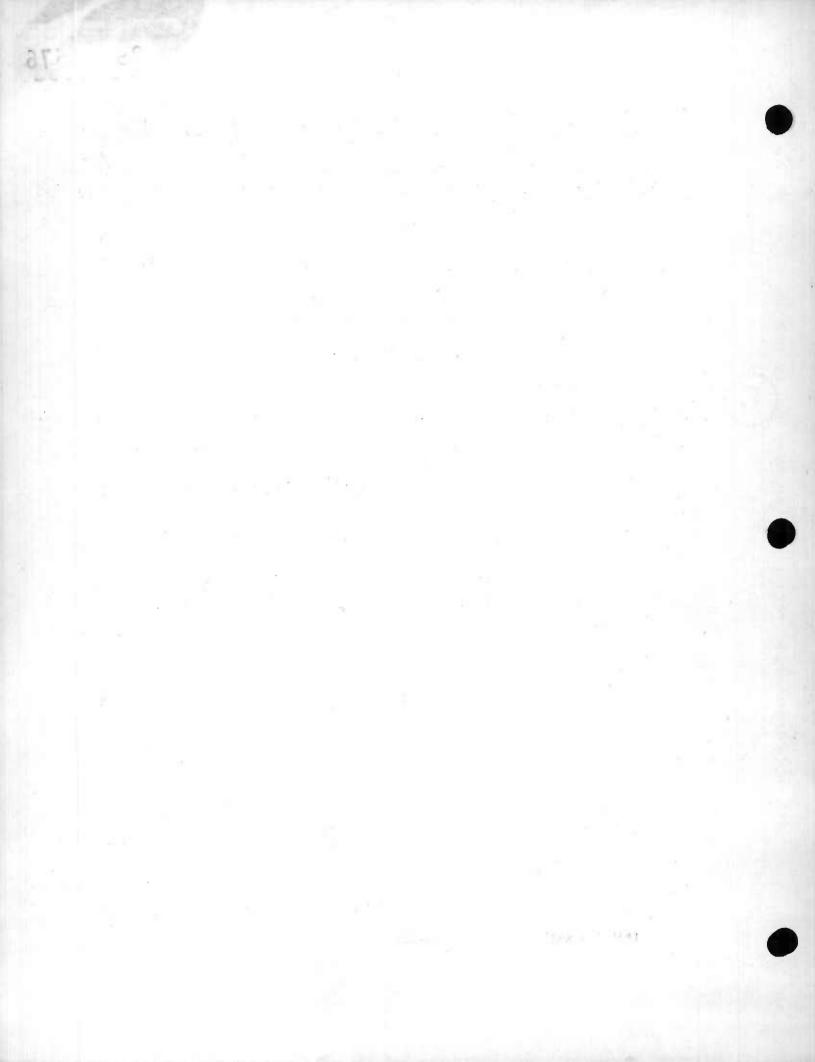
31. DATEAN 25 1990 32. REGISTRAR'S SIGNATURE he Davidson-Rand AND 21203-3146

BALTIMORE, MARYL

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

lospital or attending physician. TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may but TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 16 filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

	1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE CERTIFICATE OF DEATH REG. NO.							
	1. DECEDENT'S NAME (First, Middle, Last)  BEGETT Sr. 2. DATE OF DEATH MONTH 21 960 2.274							
	4. SOCIAL SECURITY NUMBER  5. SEX  6. AGE (In yrs. lagt birthdey)  F UNDER 1 YEAR  F UNDER 24 HRS.  7. DATE OF BIRTN  (Mgnth, Dey, Year)							
TOR	100 SEPH HOSPITAL TOWSON BEACATION OF DEATH Sc. COUNTY OF GEATH CONSON BOTTWEE CO							
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY  10c. CITY, TOWN OR LOCATION  Baltmore  10d. INSIDE CITY LIMITS?  1 M YES 2 \( \) NO							
FUNERAL	100. STREET AND NUMBER 1516 N. Patterson PK Ave 21213 10g. CITIZEN OF WHAT COUNTRY?							
BY	11. MARITAL STATUS  12. WAS DECEDENT EVER IN U.S. ABMED FORCES? 1 VES 2 NO IF YES, GIVE WAR OR DATES  13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— If yes, specify Cuben, Maxicen, Puerto Ricen, etc.)  14. RACE — American Indien, Black, White, etc.  15. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— If yes, specify: Object, White, etc.)  16. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— If yes, specify: Object, White, etc.)  17. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— If yes, specify: Object, White, etc.)  18. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— If yes, specify: Object, White, etc.)  19. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— If yes, specify: Object, White, etc.)							
COMPLETED	16. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5+)  16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use relined.)  (She kind of work done during most of working life. Do NOT use relined.)							
BE CON	17. FATHER'S NAME (First, Middle, Last)  UNKNOWN  18. MOTNER'S NAME (First, Middle, Malden Surname)  UNKNOWN							
TOB	13eatrice Begett 1516 N. Patterson PK Ave/Balto-Md 21213							
- (=	20a. METHOD OF DISPOSITION  1) Burlei 2   Gremation 3   Removal from State  4   Donation 6   Other (Specify)   20b. PLACE OF DISPOSITION (Name of cometary, crematory pr  20c. LOCATION — City or Town, State  Baltimore, Md							
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  WM. C. March F. H 1101 E. North Award  WM. C. March F. H 1							
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart failure. List only one cause on each line.							
	IMMEDIATE CAUSE (Final disease or condition resulting in death)  a. CARDIO RESPIRATORY ARREST IMMEDIATE CARDIO RESPIRATORY ARREST							
z	Acute pronchitis and mountains							
ATIO	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING  Walk							
CERTIFICATION	CAUSE (Disease or Injury that Initiated events resulting in death) LAST							
	PART ti. Other algnificent conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b, WERE AUTOPSY FINDINGS							
DICAL	O Ashes tosis  PERFORMED?  AMILIABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  OF DEATH?							
PHYSICIAN: MEDI	2 Chronic obstructive ming hard VES 2 1 NO							
SICIA	25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1   YES   NO   MEDICAL   SI   OTHER:  1   YES   NO   MEDICAL   SI   OTHER:  1   YES   NO   MEDICAL   SI   OTHER:  1   YES   OTHER:  2   OTHER:  2   OTHER:  2   OTHER:  3   OTHER:  4   OTHER:  4   OTHER:  4   OTHER:  5   OTHER:  5   OTHER:  5   OTHER:  6   OTHER:  7   OTHER:  7   OTHER:  7   OTHER:  8   OTHER:  9							
	27. MANNER OF OEATN  28a. OATE OF INJURY (Month, Day, Year)  28b. TIME OF 28c. INJURY AT WORK? INJURY  Netural 5 Pending  28a. OATE OF INJURY (Month, Day, Year)  M 1 Vegs 2 NO							
TED BY	Decident   Investigation							
COMPLETED	29s. CERTIFIER (Check only pre)  CERTIFYINO PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated.							
	"2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.  29c. LICENSE NUMBER 29d. DATE SIONED_(Month, Day, 1967)							
TO BE	SO. NAME AND ADDRESS OF PERSON WIND COMPASSED CAUSE ON DEATH (THEN 27) (TYPO, PROS)							
	MAURICE B FURLING JR - ST JOSEPH HOSPITEL 31. DATE FILED (MONTH), DBy, YOUT 32. REGISTRAR'S SIGNATURE							
	JAN 2 5 1990 ka Lauridson Andelle							



TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR STATE REGISTRAR

1 -

TO BE COMPLETED BY FUNERAL DIRECTOR

B. FACILITY NAME (If not institution, pive at	1 M 2 F F treet and number)	YRS.	L CITY, TOWN O	OR LOCATION OF DE	EATH MO	9c. COUNTY	OF DEATH CITY
RESIDENCE OF DECEDENT  10b. COUNTY  MD			OWN OR LOCAT		C, 1 "	301	10d, INSIDE CITY LIMITS?  1 YES 2 \( \text{NO}\) NO
1. MARITAL STATUS	A VENUE	IN U.S. ARMED	13. WAS DEC		NIC ORIGIN? (Specify Yes	U,	OF WHAT COUNTRY?  SA  RACE — American Indian, Black, White, atc.
### Widowed 4 Divorced  15. DECEMENT'S EDUC (Specify only highest grade	FORCES? 1 YES	18a. DECEDENT'S USE	1 TYES	3 2 55 NO Specifi		SINESS/INDUST	Specify: BLACK
Elementary/Secondary (0-12)  1st. Grade  7. FATHER'S NAME (First, Middle, Last)	College (1-4 or 5+)	UNEMPL	etired.)	CHILD	NA  ME (First, Middle, Malden	Sumama)	
DENNIS E. B.	ROOKS SR.	4117		GLORI	Route Number, City or Tow	TENS vn, State, Zip Cod	
Rig. METHOD OF DISPOSITION  Burlal 2 Cremetion 3 Remo	oval from State	320 WI DB. PLACE OF DISPOSITION O'O'D'D'AWN	ON (Name of cer CEMET	metery, crematory or $ERY$	WO	$\frac{\partial RE}{\partial CATION} = \frac{M}{CRY}$	
1. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE Oche			. MARCH	F.H. 11	01 E.	NORTH AVE.
23. PART I. Enter the diseases, or of ehock, or heert failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Sickle	CEU 1.	sis)	se SS	\ -	Bio	Interval Between Onset and Dae
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. Liou H  Diffe to (or as  Liou H  Diffe to (or as  C. Due to (or as  d. Cardu	ow hemo	globa esper	4.8 2.0 ctory			1/21/90
PART II. Other algnificent condition	a contributing to death	but not resulting in t	the underlyin	ig cause given in	Part I. 24a. WAS AP PERFO 1 YES	PAMED?	24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
ES. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		THER:	LACE OF OEATH (C/	heck only one)  6  Other (Specify)		
17. MANNER OF OEATH  1 Netural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME O	OF 28c. IN.	JURY AT ORK? YES 2 NO	28d. OEŞCRIBE HOW	INJURY OCCUR	ED
3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJUR building, atc. (Spi	RY — At home, farm, stree becify)	et, tectory, offic	:0	281, LOCATION (Street City or Town, State		Rural Route Númber,
one) 2 MEDICAL EXAMINE				death occured at the	e time, date and place, e	and due to the c	ause(s) and manner as stated.
196. SIGNATURE AND TITLE OF CERTIFIE	13- Ale1	W HO		29c. LICENSE NU	MBER 7_3	29d, DATE SI	ONEO (Morth, Day, Year)

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

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01581

DHMH-16 Rev 1/89

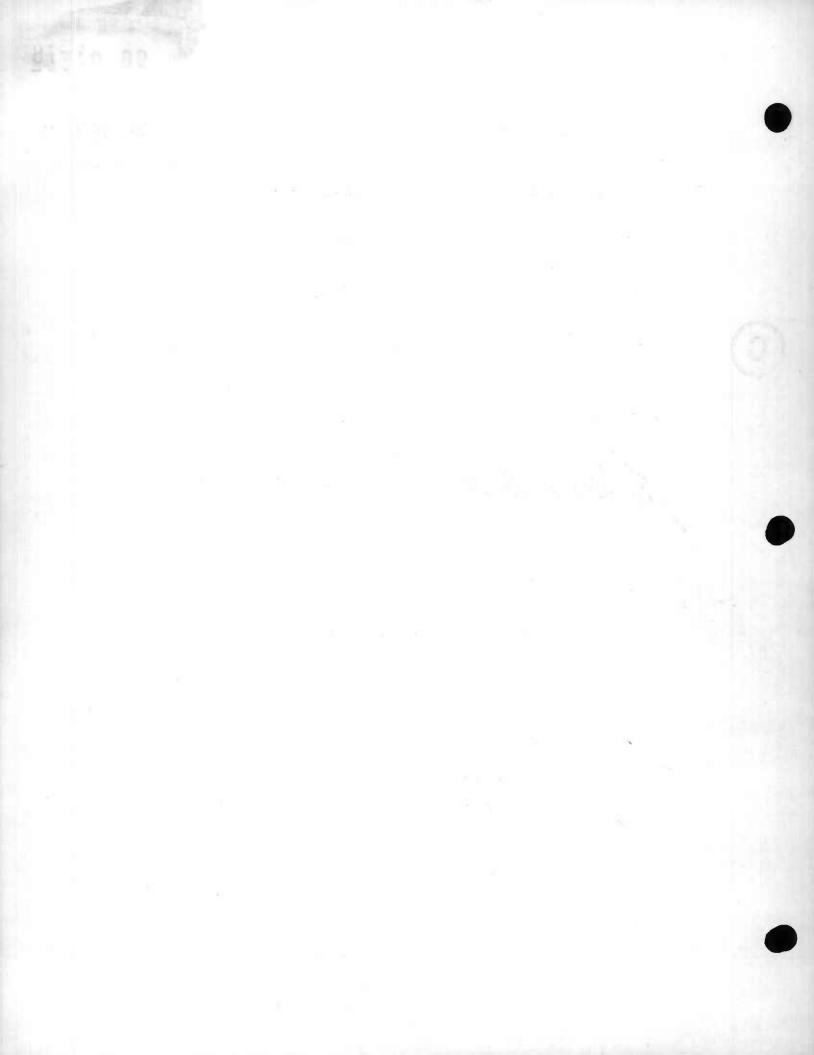
6.5

the medical examiner must be notified at one

BALTIMORE, MARYLAND 27803-3146

	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complete be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunial, crem	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event,
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	FOR 1 - STATE REGISTRAR	STATE OF MAR	YLAND / DEPA	RTMENT OF			AL HYGIEN	_		
	1. DECEDENT'S NAME (First, Middle, Last)		OLITTI	IOAILO	DEATT		TE OF DEATH		a	TIME OF DEATH
	Leroy Mile	e Parru				MON	d HTM	2	90	1015AH
- 8	4. SOCIAL SECURITY NUMBER		GE (In yrs. lest birthday)	IF UNDER 1 YEAR	F UNDER 24		E OF BIRTH		8. BIRTHPL	ACE (State or Foreign
	214-40-5042	1 X M 2 F	94 YRS.	9b. CITY, TOW	HOURS I	Feb	onth, Day, Year)	95	Mary Mary	
œ	Union Memorial Ho				nore Ci			00.000		
5	RESIDENCE OF DECEDENT	ospicai		Батсы	TOTE CI	LŸ				
H.	10a. STATE 10b. COUNT	Υ	10e. C	TY, TOWN OR LO	CATION				10	d. INSIDE CITY
BY FUNERAL DIRECTOR	Maryland 100. STREET AND NUMBER			Baltimor	101. ZIP CODE			10g. CITIZ		YES 2 NO
EB/	5410 Grindon Ave				2	1214			USA	
S	11. MARITAL STATUS	12. WAS DECEDENT EV	ER IN U.S. ARMED	13. WAS D	ECENDENT OF	HISPANIC ORIG	DIN? (Specify Yes	or No-	14. BACE -	American Indian,
BY F	1 Never Merried 2 Merried  3 Widowed 4 Divorced	FORCES? 1 X)	R DATES	If yes,	specify Cuban, I ES 2 XNO	Maxican, Puert Specify:	o Rican, etc.)		Specify	White
	15. DECEDENT'S EDU		U I	S USUAL OCCUPA	TION	Ι,	6b. KIND OF BU	PINESS/IND		wille
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)		(Give kind o	work done during use retired.)	most of working					
3	17. FATHER'S NAME (First, Middle, Last)		Cha	uffeur			City		iltim	ore
BE CC	Harry M. Barry					nma Ad		Surname)		
10 B	19a. INFORMANT'S NAME (Type/Print)		19b. MAILIN	G ADDRESS (Street	et and Number or	Rural Route No	imber, City or Tow	n, State, Zip	Code)	
F	Charlotte E. Sta	icos	5410	Grindo	n Ave.	Balt	imore,	MD 2	1214	
	20e, METHOD OF DISPOSITION 1 X Burial 2 Cremation 3 Rem	own from State	20b. PLACE OF DISPO						City or Town	, State
	4 Donation 5 Other (Specify)		Garrison	Forest	Vetera	rs Cem	. Owi	ngs N	tills,	MD
	21. SIGNATURE OF ECNERAL SERVICE LIN	CENSEE	2	ROBE	RT C.	LTENBI	URG FUN , Balti	ERAL	номЕ,	INC.
NO	23. PANT I. Enter the diseases or shock, or heart feiture.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions,	a. CHT  bue TO (OR	AS A CONSEQUENCE	OF):	mode of dying	, auch es co	erdiec or reap	ratory arr	est,	Approximate interval Between Onset and Deeth
	If any, leading to immediate									
ERTIFICATI	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c. 05D26 DUETO (OR d. Semi	AS A CONSEQUENCE	OF):	tia.					
MEDICAL CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	a semil	e de	~	tha	en in Part I.	24a. WAS AN PERFO	RMED?	C	ERE AUTOPSY FINDINGS WILLABLE PRIOR TO OMPLETION OF CAUSE F DEATH?  YES 2 NO
MEDICAL	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a semil	e de	~	ting cause giv	en in Part i.	PERFO	RMED?	C	WAILABLE PRIOR TO OMPLETION OF CAUSE F DEATH?
MEDICAL	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	d. Sem	e de	in the underly	ing cause giv		PERFO	RMED?	C	WAILABLE PRIOR TO OMPLETION OF CAUSE F DEATH?
MEDICAL	cause, Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent condition  25. WAS CASE REFERRED TO MEDICAL	a semil	e den	in the underly		TH (Check only	PERFO	RMED?	C	WAILABLE PRIOR TO OMPLETION OF CAUSE F DEATH?
MEDICAL	cause, Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2  NO  27. MANNER OF DEATH	d. Service de	th but not resulting	26. OTHER: 4   Nursing H	PLACE OF DEA	TH (Check only	PERFO	RMED?	0 1	WAILABLE PRIOR TO OMPLETION OF CAUSE F DEATH?
PHYSICIAN: MEDICAL	Cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO  27. MANNER OF DEATH  1  Autural 5  Pending	d. Service de	th but not resulting	26. OTHER: 4   Nursing H	PLACE OF DEA	TH (Check only dence 6 0 0	PERFOI  1 YES :	RMED?	0 1	WAILABLE PRIOR TO OMPLETION OF CAUSE F DEATH?
ED BY PHYSICIAN: MEDICAL	Cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending	HOSPITAL:  1 Winpetent 2 ER  28a. DATE OF INJ (Month, Day, Y)  28a. PLACE OF IN building, etc.	th but not resulting  Outpatient 3 DOA  NOT DOA  TOTAL	26. OTHER: 4   Nursing H	PLACE OF DEA	TH (Check only sence 6 On 28d. L	PERFO	NJURY OCC	CURED	MALABLE PRIOR TO OMPLETION OF CAUSE F DEATH?
ED BY PHYSICIAN: MEDICAL	Cause, Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation 3 Suicide 6 Could not be 4 Homicide Certifyino Phys (Check only	d. Service de	th but not resulting  Outpatient 3 DOA  JRY 28b, Ti  JURY At home, farm (Specify)	OTHER: 4   Nursing H ME OF JUNY M 1   , atreet, factory, or	PLACE OF DEA	TH (Check only Sence 6 On Check only 28d. L	PERFO  1 YES :  one)  ther (Specify)  DESCRIBE HOW  OCATION (Street Ry or Town, State Ny or Town, Stat	NJURY OCC	CURED  Or Rural Rouled,	MALABLE PRIOR TO OMPLETION OF CAUSE F DEATH?  YES 2 NO NA A ate Number;
BY PHYSICIAN: MEDICAL	Cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO  27. MANNER OF DEATH 1 Actural 5 Pending 1 Nestigation 3 Suicide 6 Could not be determined  29. CERTIFIER (Check only one) 2 MEDICAL EXAMINI	d. Service of axami	th but not resulting  Outpatient 3 DOA  JRY 28b, Ti  JURY At home, farm (Specify)	OTHER: 4   Nursing H ME OF JUNY M 1   , atreet, factory, or	PLACE OF DEA	TH (Check only sence & Or 28d. E	PERFO  1 YES :  one)  ther (Specify)  DESCRIBE HOW  OCATION (Street Ry or Town, State Ny or Town, Stat	NJURY OCC	CURED  Or Rural Roued, ed.	MALABLE PRIOR TO OMPLETION OF CAUSE F DEATH?  YES 2 NO  NAME OF CAUSE F DEATH?
BE COMPLETED BY PHYSICIAN: MEDICAL	Cause, Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation 3 Suicide 6 Could not be 4 Homicide Certifyino Phys (Check only	d. Service of axami	th but not resulting  Outpatient 3 DOA  JRY 28b, Ti  JURY At home, farm (Specify)	OTHER: 4   Nursing H ME OF JUNY M 1   , atreet, factory, or	PLACE OF DEA	TH (Check only Sence 6 On Check only 28d. L	PERFO  1 YES :  one)  ther (Specify)  DESCRIBE HOW  OCATION (Street Ry or Town, State Ny or Town, Stat	NJURY Occurrend Number	CURED  Or Rural Roued, ed.	MALABLE PRIOR TO OMPLETION OF CAUSE F DEATH?  YES 2 NO  NAME OF CAUSE F DEATH?  THE Number,  THE Number,  Month, Day, Year)
COMPLETED BY PHYSICIAN: MEDICAL	Cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO  27. MANNER OF DEATH  1  Netural 5  Pending Investigation 3  Suicide 6  Could not be 4  Homicide 6  Could not be 4  Homicide 6  Could not be CRETIFIER (Check only one) 1  CERTIFYINO PHYS (Check only one) 1  CERTIFYINO PHYS 2  MEDICAL EXAMINI  29b. SIGNATURE AND TITLE OF CERTIFIE	d. Send decontributing to decontributing to decontributing to decontributing to decontributing to decontributing to decontribution to decontribution decontr	th but not resulting  Outpatient 3 DOA  JRY 28b, Ti  JURY At home, farm (Specify)	OTHER: 4   Nursing H ME OF JUNY M 1   , street, factory, or	PLACE OF DEA	TH (Check only sence & Or 28d. E	PERFO  1 YES :  one)  ther (Specify)  DESCRIBE HOW  OCATION (Street Ry or Town, State Ny or Town, Stat	NJURY Occurrend Number	CURED  Or Rural Rou  ed.  e cause(a) a  E SIONED (A	MALABLE PRIOR TO DMPLETION OF CAUSE F DEATH?  YES 2 NO  NAME OF THE NUMBER OF THE NUMB



Pages 1, 2, 3 should

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detached

funeral director, page 5 should be

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HAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

22 PERSTANDARIA SHATIAL TO

M.D.

Frank J. Peretti,

## Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21203-3146

BOX 13146 PO DIVISION OF VITAL RECORDS.

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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after di	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the 1 be filed within 72 hours after death with the State Dept. of Health and Memtal Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical ex
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH 1. OECEOENT'S NAME (First, Middle, Last) 3. TIME OF DEATH Α. AM BRAXTON 1 18 1990 11:21 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign Country) MONTHS DAYS HOURS MIN. 213-94-9330 1)(X) M 2 - F 16 6-14-1973 Md Se. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Union Memorial Hospital DIRECTOR Baltimore toc. CITY, TOWN OR LOCATION 10d. INSIDE CITY Md Baltimore 1 X YES 2 NO 10e. STREET AND NUMBER FUNERAL 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 3832 Reisterstown Road 21215 US Α 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES If yes, specify Cuben, Mexican, Puerto Rican, etc.)
t ☐ YES 2 ☐ NO Specify: 1 Never Merried 2 Merried BY 3 Widowed 4 Divorced **Black** 6 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 18b. KINO OF BUSINESS/INOUSTRY (Specify only highe H Elementery/Secondary (0-12) College (1-4 or 5+) COMPL Student 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Augusta Braxton Veronica Ferguson 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING AOORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Veronica Ferguson 3832 Reisterstown Road Baltimore, Md 21215 20b. PLACE OF OISPOSITION (Name of cemetery, crematory or 20c. LOCATION -- City or Town, State Ärbutus Memorial Park Arbutus, Md 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNCTIAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY March F/H West 4300 Wabash Avenue 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart failure. List only one cause on aech iina. Interval Between Onset and Daath IMMEDIATE CAUSE (Final diseese or condition Head and neck injuries with complications resulting in death) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentielly list conditions, if any, leading to immediata DUE TO (OR AS A CONSEQUENCE OF): Enter UNDERLYING CAUSE (Diseese or Injury DUE TO (OR AS A CONSEQUENCE OF): thet initieted events resulting in deeth) LAST PART il. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part i. 24e. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO MEDICAL COMPLETION OF CAUSE t 🗌 YES 2 🔀 NO OF DEATH? 1 TYES 2 NO Inspection PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 X YES 2 NO 1 Inpstient 2 ER/Outpstient 3 DOA 4 - Nursing Home 5 - Residence 8 - Other (Specify) 27. MANNER OF GEATH 28e. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 28b. TIME OF INJURY 8 Pending Investigation t Netural 11:35PM 10-28-89 Passenger of auto/fixed object 1 YES 2 NO BY 2 X Accident 28e. PLACE OF INJURY — At home, ferm, street, fectory, office building, etc. (Specify) 281. LOCATION (Street end Number or Rural Route Number, Impact City or Town, State) 3 Sulcide 8 Could not be COMPLETED 4 Homicide road Old Frederick Rd. e. of 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and menner se stated. 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occured at the time, date and piece, and due to the cause(e) and manner se ateted. 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 1-20-90 OCME 2

111 Penn St., Balto., MD

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	1 - STATE REGISTRAR	STATE OF MARYL	CERTIF	CATE OF			GIENE	
	1. DECEDENT'S NAME (First, Middle, Let	Butket la	Uace Bu	rkett		2. DATE OF DI	EATH	ZEAR 40/J-P M
	4. SOCIAL SECURITY NUMBER 219-16-3826	5. SEX 6. AGE (	in yrs. lest birthday) 4 vns.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BII (Month, Day.	RTH a	BIRTHPLACE (State or Foreign Country)
OR		ical (enter			OR LOCATION OF DI			of DEATH City
FUNERAL DIRECTOR	100. STATE 10b. COU	NTY		timore	TION			10d. INSIDE CITY LIMITS? 1 DEVES 2 NO
BAL	100. STREET AND NUMBER 424 S. Newkirk	Street		_	1. ZIP CODE 2/224			N OF WHAT COUNTRY?
	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DO	2 NO	If yes, s	CENDENT OF HISPA pecify Cuben, Maxico 3 2 M NO Specif	en, Puerto Ricen,	ecify Yee or No- 1	I. RACE — American Indian, Bleck, White, etc. Specify: White
COMPLETED BY	15. DECEDENT'S (Specify only highest gr		Iffe. Do NOT us	vork done durina n			of Business/INDUS	BTRY
BE COM	17. FATHER'S NAME (First, Middle, Lest)  Charles Burke  199. INFORMANT'S NAME (IVDE/Print)	ett	0 7		Mary	AME (First, Middle,	Maiden Surneme)	
2	Audrey H. Burke:	7.	424	S. Newki	rk St. Bo			
	1 DC Burlel 2 Cremetion 3 R 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE	emoval from State	other place)	Heart o	L Jesus ( ND ADDRESS OF FA		Dundalk,	
	· Chalin	5. Zele					Son Inc.	6224 Eastern Ave.
ATION	23. PART I. Enter the diseases, o shock, or heart fellul IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentiely list conditions, if any, leading to immediate cause. Enter UNDERLYING	a. Cardio DUE TO (OR AS A	I the death. Do rach line.  Participant of the consequence of the cons	ay fa	de of dying, suc	ch es cerdiac d	or respiratory street	Approximate Interval Between Oneet end Deeth Minute
CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A	consequence of	F: her	oshaga			weeks.
PHYSICIAN: MEDICAL C	PART II. Other eignificent condit	ione contributing to death b	ut not resulting	in the underlyl	ng cause given in		WAS AN AUTOPSY PERFORMED? PES 2   NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 V NO	HOSPITAL:	eatient 3 DOA	OTHER:	PLACE OF DEATH (C		off(v)	
	27. MANNER OF DEATH  1 Netural 5 Pending Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIM	E OF 28c. IN	JURY AT ORK? YES 2 NO		E HOW INJURY OCCU	RED
TED BY	2 Accident Investigated 3 Suicide 6 Could not 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spec	— At home, farm,	street, factory, off	ce	281. LOCATION City or Tox	(Street end Number ovn, State)	Rural Route Number,
COMPLETED	(oracon only	IVSICIAN: To the best of my know						
TO BE C	256. SHOWATERME AND TITUE OF CERTI	ke, mp		×.	29c. LICENSE NU	MBER P	29d. DATE	SIGNED (Mopth, Day, Year)
F	Gul A- Ede	WHO COMPLETED CAUSE OF DE	Scott Ca	mel C	r, Ba	U. n	212	٧,
	JAN 2 5 199	32. REGISTRAR'S SIGN	ATURE Candall					

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Bade 1 1 to a

	FOR
1	STATE
	REGISTRAR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - STATE REGISTRAR			C	ERTIFI		F DEATH		REG. N	0.		
1. DECEDENT'S NAME (First	, Middle, Last)			4. 11			2	DATE OF DEATH			3. TIME OF DEATH
Emi	ily Ber	nice Ch	urchill	Blenc	kstone			MONTH	2	YEAR 90	330 4
4. SOCIAL SECURITY NUMBER		5. SEX	b. AGE (In yrs. le	ast birthday)	IF UNDER 1 YEAR		_	DATE OF BIRTH			IPLACE (State or Foreign
141-09-940	3	1 🗆 M 2 🗆 🗙	73	YRS.	MONTHS DAYS	HOURS MIN		(Month, Day, Year) Sept. 23	191	6 Ne	
Se. FACILITY NAME (If not in	nstitution, give str	reet and number)			9b. CITY, TOW	N OR LOCATION OF				UNTY OF D	
St. Joseph	's Hos	pital			To	wson	1		В	altim	ore
RESIDENCE OF DEC	10b. COUNTY			I de annu						27 44	
Maryland	Baltim				TOWN OR LO					1	10d. INSIDE CITY LIMITS?
100. STREET AND NUMBER	L	iore			owsor				To an article		1 YES 2 X NO
1 Smeton I		Apt. 400	)			101. ZIP CODE 212	04		10g. CI	USA	YHAT COUNTRY?
11. MARITAL STATUS		12 WAS DECEDEN	T EVER IN U.S. A	RMED		ECENDENT OF HIS			fes or No-	14. RACE	E — American Indian,
1 Never Married 2 3 X Widowed 4 Divo		FORCES? 1	YES 2 X	NO		specify Cuben, Ma ES 2 X NO Sp		Puerto Rican, etc.)		Speci	k, White, atc. //y: White
15, DEC	EDENT'S EDUC	ATION completed			SUAL OCCUPA	TION most of working		16b. KIND OF B	USINESS/II	NOUSTRY	
Elementary/Secondary (I		College (1-4 or 5	+)	e. Do NOT use	retired.)	most or working					
			P	reside	ent	E === _		Balto.	Oxy	gen	Supply Co.
17. FATHER'S NAME (First, M		•••						(First, Middle, Maid	n Sumame)		
Harry B.		ווו		DAN HAN AG	DODESS /Swa	Eliza	_	h Kerr	our State 1	Tin Code)	
Frederick		nckstone				764C, 0					620
20g. METHOD OF DISPOSIT						cometery, crametory				- City or To	
1 XBurlel 2 Crematic	on 3 🗆 flemo	ival from State	other p	olace)				7772		ille.	
21. SIGNATURE OF FUNERA		ENSEE ///	7. 1	J. KII	22. NAME	Metery		ITY		me,_	WIO.
•	٨	Martin D	. Laws	gream		nmon-Mi					
				-859X		monium,					
23. PART I. Enter the d shock, or h		omplications the list only one cau			ot enter tha	moda of dyling,	such a	is cerdiec or ree	piratory e	erreet,	Approximate Interval Between
IMMEDIATE CAUSE (Fit disease or condition	nel	CA	<	()1.	1	Le Dui		$\Lambda$			Onset and Death
resulting in deeth)	<b>→</b> .	. Chu	one			ne 1000	- 14	com /3	rsen	(	10ggs.
1		DOE 10	(OR AS A CONSI	EQUENCE OF							
Sequentially list condit		DUE TO	(OR AS A CONSI	EQUENCE OF	7						
If eny, leeding to imme cause. Enter UNDERLY			,								İ
CAUSE (Disease or Injuthat Initiated events	ary 🥻 °	DUE TO	(OR AS A CONSI	EOUENCE OF							
resulting in deeth) LAS	T .	i									
DARY II Other classifica			4 - 11 1 1 1								
PART II. Other significa	ent conditione	1	1 -	resulting in	the underly	ing ceuee giver	in Pa	rt I. 24a. WAS /	AN AUTOPS' ORMED?	Y 24b	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
	myes	The ore	and o	faile	ril_			_ 1 _ YES	2 NO		COMPLETION OF CAUSE DF DEATH?
								-	,		1 TYES 2 NO
	on agreement I					2. alb ====					
25. WAS CASE REFERRED 1 EXAMINER?	IO MEDICAL	HOSPITAL:			OTHER:	PLACE OF DEATH	(Check	only one)			
1 YES 2 NO		1 Di Inpetient 2 D	AND AND THE STATE OF	3 DOA	-	INJURY AT	-		V 184 02 100 1 A	001870	
\	Pending	(Month, D		INJU	IRY	WORK?		6d. DESCRIBE HOY	A INJUHA O	CCORED	
2 Accident	Investigation	28e PLACE C	OF INJURY — At I	nome ferm et			_	8t. LOCATION (Stre	at and Numb	ar or Burnl	Douds Number
3 Sulcide 6 4 Homicide	Could not be determined	building	etc. (Specify)		-	1100	-	City or Yown, Sta		or rorar i	nous namos,
29a. CERTIFIER 1 CER	TIFYING PHYSIC	CIAN: To the best of	my knowledge.	leath occurre	d at the time.	lete and place, and	due to	the cause(a) and n	nanner as =	tated.	
cond only											a) and manner as stated.
29b. SIGNATURE AND TITLE	E OF CERTIFIER	<u></u>				29c. LICENSE	NUMBE	ER	29d. D/	ATE SIGNED	(Month, Day, Year)
Inche	!	Inu	a ws			1018	17	.43	1	1221	1-
30. NAME AND ADDRESS O	F PERSON WHO	COMPLETED CALL		EM 27) (Type,	Print)	101, 17	) (	H N	1 11		
31. DATE FILED (Month, Day,	Your)	S2. REGISTRY	AR'S SIGNATURE		BUIK	1011 10	J 3	COL MO	or pa		Ma 210%
JAN 25	10 (11)	Alin Bear	day You								

folified at once. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must BALTIMO urs after death. Page TO THE HOSPITAL, OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

of by the hospital or attending physician.

RYLAND 21203-3146

TO BE COMPLETED BY FUNERAL DIRECTOR

DHMH-16 Rev 1/89

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DIVISION OF VITAL RECORDS, F.C. BOA 13140,	9	E	7	5
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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2. Hours is	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in b	be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or ren	IMPORTANT: If Item 28 is marked or Item 23 shows any Injury, or other traumatic event, the medi-

	1 - FOR STATE REGISTRAR	STATE OF I	MARYLAND / DI Cer	PARTMEN TIFICATI				MENTAI	REG. NO	_		
	1. DECEDENT'S NAME (First, Middle, Last)	Michae	1 Carvell					2. DATE MONTH	OF DEATH	- 0	YEAR	3. TIME OF DEATH U15PM
	4. SOCIAL SECURITY NUMBER 235-48-6836	5. SEX 1 (M 2   F	6. AGE (In yrs. lest bin	thday) IF UNDER	DAYS	IF UNDER	24 HRS.	(Month	OF BIRTH ( Day, Year) / 4/34		B. BIRTNE Country	PLACE (State or Foreign
OR	90. FACILITY NAME (If not institution, give Baltimore Count		1 Hospita			on LOCATI		EATN	7 47 54	9c. COUNT		ATN
DIRECTOR	RESIDENCE OF DECEDENT 100. STATE 10b. COUNT Maryland	y Baltimor	1 "	Balti								10d. INSIDE CITY LIMITS? 1 YES 2 XXNO
FUNERAL	10% STREET AND NUMBER 8360 Church La	ane			10	r. zip cod	1207			-		States
BY	11. MARITAL STATUS 1 Never Merried 2 Married 3 Wildowed 4 Divorced	FORCES?	NT EVER IN U.S. ARMEDIX YES 2 NO NAR OR DATES		If yes, s	CENDENT Cooling Cube	n, Mexica	n, Puerto I	? (Specify Yea Nicen, etc.)	or No-	14. RACE Black, Specify	- American Indian, White, etc. White
PLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		+) (Give in the Do	ENT'S USUAL O lind of work done NOT use retired.)	durina m	ON ost of workli	ng	16b	KIND OF BU	siness/inou	STRY	
BE COMPLET	17. FATNER'S NAME (First, Middle, Last) Michael F. Carve		, ite			18. MOT			Middle, Melden ewlon			
TO B	190. INFORMANT'S NAME (Type/Print) Mrs. Bernice Carv	vell	19b. M 83	AILING AOORES					ore, I			
	20e. METHOD OF DISPOSITION 11 Surial 2 Cremetion 3 Ren 4 Donetion 5 Other (Specify)	2 SHE 23 ST	20b. PLACE OF other place)	Evergre	en	South	Cen	CILITY	y Pa		bur	g, W. VA.
	23. PART I. Enter the disesses, or	M-	lenden	Po not ente	872	8 Lit	erty	y Roa	d Ra	ndalls	stown	, Inc. n, MD 21133
ATION	shock, or heert fallura.  IMMEDIATE CAUSE (Final disease or condition resulting in deeth)  Sequentially list conditions, if am, leading to immediate cause, Enter UNDERLYING	a. A Cu oue To be Meta	O OR AS A CONSEQUE	Lymp NCE OF:								Interval Between Onset and Death
CERTIFICATION	CAUSE (Dissess or Injury that inhiated events resulting in death) LAST	d.	OR AS A CONSEQUE	NCE OF):								
MEDICAL	PART II. Other eignificent condition	ns contributing to	o deeth but not resu	piting in the u	nderlylr	ng cause	given in	Part I.	24a. WAS AN PERFOI 1 YES	RMED?	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHE	R:	LACE OF C						
ву РНУ	27. MANNER OF DEATN  1 CNetural 5 Pending 2 Accident Investigation	28e. DATE O	ER/Outpatient 3 D F INJURY Day, Year)	Bb. TIME OF INJURY	28c. IN	JURY AT ORK? YES 2 [	5		r (Specify) SCRIBE NOW	INJURY OCC	URED	
	3 Suicide 6 Could not be 4 Homicide determined	26e. PLACE building	OF INJURY At home, i, etc. (Specify)	farm, street, fac	ctory, offi	ce			ATION (Street or Town, State		or Rural R	oute Number,
COMPLETED	one) 2 MEDICAL EXAMIN	IER: On the basis of	of my knowledge, death									and manner as stated.
TO BE	296. SIGNATURE AND TITLE OF CERTIFIE  Size (C., Cong W.  30. NAME AND ADDRESS OF PERSON W.	D. Ho	ruse pl	uy fra	٠	29c, LIC	364	MBER 456		29d. OATE	SIGNED	(Month, Day, Year)
	Bie Kien On 31. DATE FILED (Month, Day, Year)	6 32 REGISTR	Balfin AR'S SIGNATURE	ve Co	nt	3 G	Que	PA	Lospin	tol 1	Ran	dallstu
	JAN 251990	Freta Davids	on-Aandell									

ust be notified at once.

FOR STATE REGISTRAR

1 -

31. DATE FILED (Month, Day, Year)

JAN 25 1990

32. REGISTRAR'S SIGNATURE

1. DECEDENT'S NAME (First		-151-	_						MONT		/24/		3. TIME O	F DEATH 11
JAM		citko		MES					JAI	- 23	+	90		43 P M
4. SOCIAL SECURITY NUMBER 217-09-	3321	5. SEX	92 =	yrs. lest b	YRS. WON	THS DA	AYS	HOURS MIN.	(Mont	OF BIRTH th, Day, Year) /15/9	1897	8. BIRTI	olano	te or Foreign
9e. FACILITY NAME (If not in	stitution, give st	reet and number)			9b.	CITY, TO	WN OF	LOCATION OF DE				TY OF C	EATH	
CHURCH HO	SPITA	L CORPO	RATI	ON		BAL	rin	MORE CI	TY					
10e. STATE	10b. COUNTY				10c. CITY, TO								10d, INSIC	
MD.	Ŀ	Baltimore	3		BAT.	T.T.W(	JRE	E CITY					1000000	2 NO
104. STREET AND NUMBER							1	ZIP CODE			10g. CITI		WHAT COUN	TRY?
6150 EBEN	EZER						_	21220				US.		
11. MARITAL STATUS  1 Never Merried 2 3 Widowed 4 Dive		FORCES?	YES	2 .NO	ED	If ye	e, spe	INDENT OF HISPAN city Cuben, Mexical 2 NO Specify	n, Puerto		or No-	Blac Spec		
15, DEC	EDENT'S EDUC	CATION		16a, DECE	DENT'S USU	AL OCCU	PATIO	N	168	. KIND OF BUS	INESS/IND	USTRY	Whi	ce
(Specify on Elementary/Secondary (	y highest grade	College (1-4 or 5	+)	(Give	kind of work to NOT use ref ainter	done durir ired.)	ng mos	t of working		Brewe				
17. FATHER'S NAME (First, A	liddle, Last)							18. MOTHER'S NA	ME (First.	Middle, Maiden	Surneme)	_	-	
==		==						==	,		==	=		
19a. INFORMANT'S NAME (	ypa/Print)	-		19b.	MAILING AO	DRESS (S	treet an	d Number or Rural I	Route Num	ber, City or Town	n, State, Zip	Code)		
Sophie I	raayer				6150	Ebe	nez	er Road	Bal	timore	MAry	land	1 212	20
26 METHOD OF DISPOSIT 1 Buriel 2 Cremete 4 Donetion 5 Other		oval from Stata		other place	0)			etery, crematory or Cemete	rv		cation — altin		MAry	land
21. SIGNATURE OF FUNERA	L SERVICE LIC	Funer	al I	llon	ul	22. NAI	ME AN	ally Fune	CILITY	Home :	300MA	ceA	ve. 2	1221
iMMEDIATE CAUSE (Fi disease or condition resulting in death)		L	MPHC	MA	MA	ARGI	LI	ARGEC	EAD	LL D EAT	TIDE	1		rval Between et and Daath
Sequentially ilst condition if any, leading to immediate. Enter UNDERLY	diate		OR AS A		JENCE OF):		l der	STIVE HART F		URE	LUKE			
CAUSE (Disease or injuthat initiated events resulting in death) LAS	iry 1	DUE TO	(OR AS A	CONSEQU		P	ACI	EMAKER						
PART II. Other significa	ent condition	a contributing to	death bu	it not re	sulting in t	he unde	riying	cause given in	Part I.	24s. WAS AN PERFOR 1 YES 2	MED?	241	AWAILABLE	
25. WAS CASE REFERRED	O MEDICAL						0.0 DI	ACE OF BEATH (C)		1				·
EXAMINER?	- MEDICAL	HOSPITAL:	□ ED/0-4	etlant 2 F		THER:		ACE OF DEATH (Ch		,				
27. MANNER OF DEATH	Pending	28e. DATE O		ment 3	28b. TIME OF	28	_			er (Specify) SCRIBE HOW I	NJURY OC	CURED		
2 Accident 3 Suicide 8 4 Homicide	Investigation Could not be determined	26e. PLACE building	OF INJURY	— Al hom	e, farm, stree			111		CATION (Street of Yor Town, State)		r or Rural	Route Numb	or,
CONTROL ONLY		CIAN: To the best of		. 02									(a) end mens	ner es stated.
29b. SIGNATURE AND TITL	fo	e		> M	1. 0			29c. LICENSE NUI		3	•		1 25.	
30. NAME AND ADDRESS		O COMPLETED CAI				D.		JOSEPH RCH_HOS			н, м	I.D.		

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	REGISTRAR		CE	RHFIC	CATE	OF DEA	TH		REG. NO.			
	1. OECEDENT'S NAME (First, Middle, Last)  ARTHUR	Α.		(	CABLE			2. DATE O MONTH	F DEATH DAY	190	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 410 82 1430	1	6. AGE (In yrs. lest	birthday)	F UNDER 1 YE		R 24 HRS. MIN.	7. DATE O	2 /1895	5	B. BIRTHE Country	LACE (State or Foreign
	De. FACILITY NAME (If not institution, give :	street end number)			b. CITY, TO	VN OR LOCAT	ION OF DE		1,103		ITY OF OE	
TOR	VA MEDICAL CENTER	, FT HOWA	RD,		FORT HOWARD					BALTIMORE		
DIRECTOR	MARYLAND ANN	E ARUNDEI		GLE	TOWN OR LO							10d. INSIDE CITY LIMITS? 1 YES 2 X NO
FUNERAL	313 Hospital Dri		Conv. &	Nursi		21061				US		HAT COUNTRY?
BY	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	YES 2 N	wed 0 -1919	If you	OECENDENT I, specify Cub YES 2 R NO	en, Mexice	n, Puerto Al	(Specify Yee cen, atc.)	or No—	Specify	- American Indian, White, etc. VHITE
TO BE COMPLETED	15. OECEDENT'S EDU (Specify only highest grade	ICATION completed)	(Gin	ve kind of wo	SUAL OCCUI	PATION g most of work	ing	16b. I	KINO OF BUSI	INESS/IND	USTRY	
1	Elementary/Secondary (0-12)	College (1-4 or 6+	)	enoer	apher			Ex	chang	e Lur	nher	Co.
OM	17. FATHER'S NAME (First, Middle, Last)			011082	фист		THER'S NA		iddie, Maiden S			
EC	Joseph S. Cable						Man	rgare	t Step	hens		
6	19e. INFORMANT'S NAME (Type/Print)								r, City or Town			
	Mrs. Mayme C. St	innette						E G1		cnie,		21061
	1 X Burlel 2 Cremetion 3 Ren 4 Donation 5 Other (Specify)				1 Ceme	Home Home etery						Tenn.
	21. SIGNATURE OF FUNERAL SERVICE LI	in		S:	inglet	on F	unera	1 Home		ie.	Md. 21061	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	b. DUE TO	GAS (OR AS A CONSECTION OF A CONSECTION OF AS A CONSECTION OF A CONSECTION	DUENCE OF):		ΓΙΝΑΙ,	BLEE	DING				
SERTIF	that initiated eventa resulting in death) LAST	d	(011 110 110 110 110 110 110 110 110 110	TOLITOL OT ,								
AL C	PART II. Other aignificant condition		death but not n	esulting in	the under	tying cause	given in	Part i.	24e. WAS AN PERFOR		24b.	WERE AUTOPSY FINDINGS AMILABLE PRIOR TO
EDICAL	DEHYDRATION, IN	FECTION							1   YES 2	X NO		COMPLETION OF CAUSE OF DEATH?
2								_				1 YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL				- 2	6. PLACE OF	DEATH (Ch	eck only one	))			
SIC	EXAMINER?	HOSPITAL:	ER/Outpatient 3		OTHER:	Home 5 🗆 1	Residence	6 🗆 Other	(Specify)			
BY PHYSICIAN:	27. MANNER OF OEATH  1 Netural 5 Pending 2 Accident Investigation	26e. DATE OF (Month, Di		26b. TIME INJU	RY	WORK?	□ NO	28d. DES	CRIBE HOW II	NJURY OC	CURED	
G	3 Suicide S Could not be 4 Homicide determined		F INJURY At ho etc. (Specify)	me, farm, st	reet, factory.	office			ATION (Street e or Town, State)	and Number	or Rural F	loute Number,
COMPLET	29e. CERTIFIER (Check only one) 1 CERTIFYINO PHYS											) end menner ee stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIC	Bshake	· .			29c. Li	CENSE NU	MBER		29d, DAT	-	(Month, Day, Year) 3-90
2	30. NAME AND ADDRESS OF PERSON W						-					
	IBRAHIM BSHARA 31. DATE FILED (Month, Day, Year)		MEDICAT R'S SIGNATURE		ER, F	T HOW	ARD,	MARYI	AND 2	1052		
	JAN 25 1990	1. Knind	m Bonde	L.								

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be refaired by the death of after	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 shall it begreater for use	be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	search properties, at large 40 to search of the search of
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	REGISTRAR		STATE OF M		DEPARTM				MENTAL HYGIEN			
1	1. DECEDENT'S NAME (First, Middle, Last)  ELEANOR CROWNEY Eleanor (					rowdy			2. DATE OF DEATH	P o	YEAR 3.	TIME OF DEATH
PLETED BY FUNERAL DIRECTOR	4. SOCIAL SECURITY NUMBER 217-30-6945		5. SEX 6. AGE (In yrs. les		YRS. F UNDER 1 YE WONTHS DA				7. DATE OF BIRTN (Month, Day, Year) 02-07-190	9	8. BIRTNPLACE (State of Country) 9 Maryland	
	9e. FACILITY NAME (If not institution, give street end number)  Southern MD Hospital Center RESIDENCE OF DECEDENT						nton		EATN	9c. COUNTY OF DEATH Prince Geor		
	10a. STATE 10b. COUNTY				10c. CITY, TOWN OR LOCATION Upper Marlboro							d, INSIDE CITY LIMITS?
	Maryland 100. STREET AND NUMBER		ј ор	10f. ZIP COD	E		10g. CITI	ZEN OF WNA	X YES 2 NO			
	4404 Dario Road  11. MARITAL STATUS  1 Never Merried 2 Merried  3 Widowed 4 Divorced  12. WAS DECEDENT EVER IN U.S FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES					It yes,	2077 ECENDENT Cubi es 2X NO	OF NISPAN	NIC ORIGIN? (Specify Yee or No— 14. R/ n, Puerto Ricen, etc.)			American Indian, Thite, etc.
	15. DECEOENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondery (0-12)  Unknown			(G	Se. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)  Homemaker				166. KIND OF BUSINESS/INDUSTRY			
BE COMPL	17. FATHER'S NAME (First, A) Unkno						18. MOT	HER'S NA	ME (First, Middle, Meider Unknown	,		
TO B	Janice Wi		on						Route Number, City or To-			d 20772
	20a. METHOD OF DISPOSITION  1											
	22. NAME AND ADDRESS OF FACILITY Robert G. Mason Funeral Home, Inc. 1661 Good Hope Road, SE, Wash. DC 20020											
CERTIFICATION	23. PART I. Enter the discusses, or complications that caused the death of not enter the mode of dying, such as cardiac or reepiratory erreat, another cause on each line.  IMMEDIATE CAUSE (Fine) disease or condition resulting in death)  Due to (or as a consequence of):  Due to (or as a consequence of):  PRIMATAL LAUSE (Disease or injury that initiated events resulting in death) LAST  DEMONTAL AND LAUSE (PRIMATAL)  DUE TO (OR AS A CONSEQUENCE OF):  PRIMATAL (PRIMATAL)  OUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):											
MEDICAL	VALVAGE DEPLETICAL WITH EXECUTIVES (MEANING PERFORMED? COMPLETION OF OF DEATH?									ERE AUTOPSY FINDINGS PAILABLE PRIOR TO OMPLETION OF CAUSE F DEATH?  YES 2 HNO		
PHYSICIAN:	25. WAS CASE REFERRED TEXAMINER?	O MEOICAL	HOSPITAL:	FB/Outpatient 1		THER:			eck only one)			
	27. MANNER OF DEATH  1 Millions 5	NJURY y, Year)	28b. TIME O					YOW INJURY OCCURED				
TED BY	2 Accident 3 Suicide 6 Homicide	28e. PLACE OF INJURY — At home, farm, street, to building, etc. (Specify)				ctory, office 28f. LOCATH			ATION (Street and Number or Rural Route Number, or Town, State)			
COMPLET	29e. CERTIFIER (Check only one)  1 DEFITIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) end manner as steted.  2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) and menner so stated.											
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER  MO F. ALEXANDER LEON  29c. LICENSE NUMBER  29d. DATE SIGNED (Month, Day, Year)  1/18/9											
F	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)											
	JAN 2 5 1990 First Stevide 12 - 1											

Z

296. SIGNATURE AND TITLE OF CALL.

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

SUSAN DENMAN

31. DATE FILED (Month, Day, Year)

1 1 N 7 5 1990

Suka Davidson—Randalla

	FOR	STATE OF N	MARYLAND /	DEPAR	TMENT	OF H	EALTH	AND	MENTA	L HYGI	ENE	9	0 0159
	STATE REGISTRAR     DECEDENT'S NAME (First, Middle, Last)				ICATE					REG.	NO.	YEAR	3. TIME OF DEATH
		· HOM	ARD GILM	ORE	CALL	AHAN						90	830 PH
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE /In viz het	birthday)	IF UNDER	-	IF UNDER 24 HRS.		7. DATE	OF BIRTH	rì	B. BIRT	HPLACE (State or Frenign
	217-03-4896	1 M 2 🗆 F	91	/ns.	MONTHS	DAYS	HOURS	MIN.	4-7	-189	8 .		ASHINGTON DC
	QE, FACH ITY MAME IN not institution, give	streat arfci number)			SP CLLA	TOWN O	R LOCATI	ION OF DEATH			grade a distance of the	QUNTY OF	
DIRECTOR	MASON F. LORD BUILDING BALTIMORE CITY											,	
E	10a. STATE 10b. COUNT		16c. CITY, TOWN OR LOCATION						10d, INSIDE C				
H	MARYLAND BA		DUNDALK									1 YES 2 XNO	
AL	10e. STREET AND NUMBER					101.	101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY						
R	1727 RITA ROAD			21.					222		1000		U.S.A.
FUNER	11. MARITAL STATUS	12. WAS DECEDEN	IT EVER IN U.S. ARI										OE - American Indian.
BY	1 Never Married 2 Married 3 Nover Married 4 Divorced	FORCES? 1	CES? 1 YES 2 NO			If yes, spe	f yes, specify Guban, Maxican, Puerto Rican,  VES 2 10 Specify:				Black, White, etc.  Specify:		ck, White, etc.
8	15. DECEDENT'S EDU (Specify only highest grade	ICATION			USUAL O				168	. KIND OF	BUSINESS	/INDUSTRY	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5	Min	Do NOT u	work done se retired.)	auring mos	t or work!	ng				-	
집	NOT KNOWN			EPAT	RMAN	(SEI	स म	MPTO	YED)	BOI	a YO	FENDE	ER
O	17. FATHER'S NAME (First, Middle, Last)					,,,,,,					iden Sumen		
П	NOT KNOWN										NIC	T KNO	YATAT
m	19a. INFORMANT'S NAME (Type/Print)		198	MAH ING	ADDRES	S (Street or	ort Numbo	r or Rural	Pourte Alues	her Chu or			WATA
2													
	ROBERT G. CALLAHAN 203 OAK STREET MT. AIREY, MARYLAND 21771  200. METHOD OF DISPOSITION 200. PLACE OF DISPOSITION (Name of correctory, crematory or 20c. LOCATION — City or Town, State												
	1 □ Burlei 2 Cremation 3 □ Removal from State other place)												
	TOTAL CONTROL OF THE PARTY OF T												
	22. NAME AND ADDRESS OF FACILITY DUDA—RUCK FUNERAL HOME OF DUNDALK, INC.												
	DA V	11									ALK.		21222
	23-PART I. Enter the diseases, or	complications the	it caused the de	ath. DD I	not anter	the mod	de of dy	ing, auc	h as car	diac or re	espiratory	arreat,	Approximate
	shock, or heart failure. List only one ceuse on each line.												
	IMMEDIATE CAUSE (Fine) disease or condition												
	resulting in death)  a. DVE ITO (OR AS A CONSCIUENCE OF)												
	DVE ITO (OR AS A CONSEQUENCE OF)											1	
S	Sequentially list conditions,	· la	100-5			1	٠,						
Ĕ	If any, leading to immediate	ODE 10	DUE TO (OH AS A CONSEQUENCE OF):										
2	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST												
1													
E	resulting in death) LAST												
_	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.   24s. WAS AN AUTOPSY   34s. WERE AUTOPSY FINDINGS												
MEDICAL	MULTON	0	300000	-		- Control of the Cont	Do	M.1.4.1.			FORMED?	-	AMAILABLE PRIOR TO
ă	The transfer of Charles of DEATH?												
Σ	(mentions MC) # B Vit, Daly 10 485 2/10												
	OSLEDDONESIS - MORNING + Coled												
Ĭ.	26. WAS CASE REFERRED ON MEDICAL 26. PLACE OF DEATH (Coop Cony not)												
PHYSICIAN:	EXAMINERY?	HOSPITAL:	ER/Outpetient 3	□ DOA	OTHE 4 in Nu		e sun	paidence	6 □ Oth	er /Specify)			
≟	27, MANNER OF DEATH	28s. DATE OF	28s. DATE OF INJURY 28b. TIME OF 28c. INJURY AT				28d. DESCRIBE HOW INJURY OCCURED						
	1 Metural 5 Pending	(Month, 2	(Month, Dip, Hear) 9			M 1 YES 2 NO			Part And Colors				
B	2 Accident Investigation	28e, PLACE (	28e. PLACE OF INJURY — At home, farm, street, factory, office				281. LOCATION (Street and Number of Rural Pouls Number						
유	3 Suicide 6 Could not be 4 Homicide determined	etc. (Specify)	(y)				Oily or Town, Diale)						
COMPLETED	N. Martin Co. Co. Co. Co. Co. Co. Co. Co. Co. Co.												
4	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.												
S	one) 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.												
	29b. SIGNATURE AND TITLE OF ÇERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Mgnih, Day, Year)												
B	Sugar . D.	. 10	MD.				1	72	58	4	1	111	8/54
P P	30. NAME AND ADDRESS-OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Non-Print)												

DHMH-16 Rev 1/89

e notified at once.

BALTIMORE; MARYLAND 21203-3146

R ATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
BISTRAR	CERTIFICATE OF DEATH	REG. NO.

	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTMEN CERTIFICAT			AL HYGIENE REG. NO.		01331			
	1. DECEDENT'S NAME (First, Middle, Last)				2. DAT	2, DATE OF DEATH 3. TIME OF DEATH					
	Ellen Zenobia	Coo	K		MON	1/22/	/22/ 90 821 PM				
DIRECTOR	4. SOCIAL SECURITY NUMBER 248-42-1114	5. SEX 8. AGE (	In yrs. last birthday) IF UND  97 YRS. MONTHS	DAYS HOURS	MIN. 7. DATE	of BIRTH	Coun	HPLACE (State or Foreign try) th Carolina			
	9a. FACILITY NAME (If not institution, give stre			ON OF DEATH	1	9c. COUNTY OF DEATH					
	RESIDENCE OF DECEDENT	this och		Chever	ey		Pg				
DIRE	Maryland Prince	George's	Hyatts				10d. INSIDE CITY UMITS?  XXXXXXES 2 \( \text{NO}\) NO				
FUNERAL	10e. STREET AND NUMBER			10f. ZIP COD			10g. CITIZEN OF	WHAT COUNTRY?			
NE I	5504 Gallatin St.	44 444 2505254 244			781		mited S				
BY	1 Never Married 2 Married	12. WAS DECEDENT EVER IN FORCES? 1 YES		I WAS DECENDENT OF THE PROPERTY OF THE PROPERT	OF HISPANIC DRIG an, Maxican, Puerto Specify:	IN? (Specify Yea or Rican, etc.)	CE — American Indian, ck, White, etc.				
	15. DECEDENT'S EDUCA (Specify only highest grade of	ATION completed)	16a. DECEDENT'S USUAL (Give kind of work don	e during most of work!	ng 16	b. KIND OF BUSIN	ESS/INDUSTRY				
COMPLETED	Elementary/Secondary (0-12) 12th	College (1-4 or 5+)	ille. Do NOT use retired	.)		N/A					
N O	17. FATHER'S NAME (First, Middle, Last)		noncan		HER'S NAME (First,		rname)				
BE C	Unknown			Son	ohia Wy	nn					
2	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING ADDRE								
	Christine Williams		5504 Gall		-						
	20a. METHOD OF DISPOSITION  DX Burial 2 Cremetion XXX Remove  4 Deposition 8 Other (Specify)	val from State	other place) amily Cemete	Prv Plot	matory or		ield,				
	21. SIGNATURE OF FUNERAL SERVICE LICE		/ 2	. NAME AND ADDRE	SS OF FACILITY	ACILITY J.B. Jenkins Funeral Hom					
	Jenni-6	Mont.	Lui	7474 Land	lover Rd	. Landov	er, MD.	20785			
CERTIFICATION	23. First 1. Enter 1 diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest,  Approximate interval Between Onset and Death  IMMEDIATE CAUSE (Finel disease or condition)  a. Cardio pulmony Anna T  DUE TO (DR AS A CONSEDUENCE OF):  Hypertunic Price: Scientific Cardio Wascular Anna C  DUE TO (OR AS A CONSEDUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):										
	PART II. Other significant conditions	contributing to death t	out not resulting in the	underlying cause	given in Part i	24s, WAS AN AL	ITOPSY 24	b. WERE AUTOPSY FINDINGS			
PHYSICIAN: MEDICAL	PART II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I.  Chronic Obstructive puermy Diservel  1 YES XXN							AAALABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?  1 YES 2 NO			
AN	25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF I	DEATH (Check only	one)					
S		HOSPITAL: 1   Inputiont 2   ER/Outp	patient 3 DOA 4 D	ER: ursing Home 8 🗆 R	lesidance 6 🗆 Ott	her (Speally)					
ВУ РНУ	27. MANNED OF DEATH  1 Netural 5 Pending 2 Accident Investigation	26a. DATE OF INJURY (Month, Day, Year)	28d. D	28d. DEŞCRIBE HDW INJURY OCCURED							
	3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)										
COMPLETED	29e. CERTIFIER (Check only one)  1 CERDIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, deta and place, and due to the cause(a) and manner as stated.  2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and menner as stated.										
TO BE	296. SIGNATURE AND TITLE OF CERTIFIER  290. LICENSE NUMBER  290. LICENSE NUMBER  290. DATE SIGNED (Month, Day, Year)  1/23/90										
	20. NAME AND ADDRESS OF PERSON WHO COMPYETED CAUSE OF DEATH (ITEM 27) (Type, Print)  Lings Whitby us 9556 CRAIN they work manifour, as 20772										
	JAN251990 A	32. REGISTRAR'S SIGN									

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed where a normal after death. Page 6 may be trained by the attending physician and completely filled in by the tuneral director, page 5 feould be do the filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

_	REGISTRAR			CENT	11 10	AIL O	PUEAIR	, ,	REG. NO.			
	1. DECEDENT'S HAME (First, Middle, Last)  SARA  LO	OUISE	(	CLARK				2. DATE OF MONTH	DEATH DA	<u>y</u>	90	3. TIME OF OEATH 4:40 A M
- 1	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In	yrs. lest birth	day) IF	UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF	BIRTH		a. BIRTHE	PLACE (State or Foreign
1	212-40-6198	1 □ M 2 📆 🕱		82YF	4401	NTHS DAYS		(Month. Dr	1-19(	ا هر	Country	)
- 1	Se. FACILITY HAME (If not institution, give s			02		OUTY TOWN	OR LOCATION OF DE		1-150		Penns	ylvania
~		•	a		30	•		AIN				
2	G.B.M.C. 6701 N.	CHARLES	ST.			TOWS	)N			BAL	TIMO	RE
DIRECTOR	10a. STATE 10b. COUNT	Y		10c	10c. CITY, TOWN OR LOCATION						10d. INSIDE CITY	
<b>E</b>	Maryland Balt	imore		7								LIMITS?
ا ت	10e. STREET AND HUMBER	Imore		Towson 10f. ZIP CODE			19g. CITIZEN OF WHA			A		
BY FUNERAL	500 Virginia Ave.				21204	U.S.A				nai coomini		
N N	11. MARITAL STATUS	12. WAS DECEDENT	EVED IN	II O A DAAFD		T 40 MMC D	ECENDENT OF HISPAN	UC 0010M10 (0	National Management			- American Indian,
급	1 Never Married 2 Married	FORCES? 1	YES	2 X HO		it yes,	specify Cuban, Maxica	n, Puerto Rice		or No-	Black,	White, etc.
B	3 🔀 Widowed 4 🗌 Divorced	IF YES, GIVE W	AR OR DAT	TES .		1 🗆 YI	ES 2 NO Specify	y:		1	Specify	ite
	15. DECEOENT'S EDU	CATION		16a. DECEDE	NT'S USL	JAL OCCUPA	TION	16b. Kil	ND OF BUS	UNESS/INC		rce
CÓMPLETED	(Specify only highest grade Elementary/Secondary (0-12)	completed)		(Give kin life. Do N	d of work	done during	most of working	1				
7	1 2	College (1-4 or 5 +	,	Audio	mot 1	rict		Roll.	to (	oun t	TT Col	hools
N	17. FATHER'S NAME (First, Middle, Last)			nuulo	me c	rist 18. MOTHER'S NAM					.y 5C	10015
ö	William B. Brown						100					
BE	19a, INFORMANT'S NAME (Type/Print)			105 MAI	LINC AO	ODERR (Cime	Rebekka t and Number or Rural				Codel	
2	James L. Clark											
	20a. METHOD OF DISPOSITION		T				on Rd., I				O14 City or Tow	
	ìX Burial 2 ☐ Cremation 3 ☐ Rem	oval from State		other place)								
	4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LIE	^ENGEE	. שעו	Laney	vall		em.Gdns.1/		Tin	noniu	m, Mo	d
- 1						22. HAME AHO ADDRESS OF FACILITY Ruck Towson Funeral Home, Inc.						
	Wallace -	S. Bro	obs.	Dr.			50 York F					
	23. PART I. Enter the diseases, or ahock, or heart fallure.	complications that	caused	the daath.	Do not	enter tha n	node of dying, suc	h as cardiac	or respi	ratory an	rest,	Approximata Interval Between
	IMMEDIATE CAUSE (Finel disease or condition resulting in death)  CARDIOPULMONARY ARREST  OUE TO (OR AS A CONSEQUENCE OF):										Onset and Death	
	DECENTRATION TATELOR											
O	Sequentially list conditions,	w		CONSEQUEN		UKE						<u> </u>
¥	If any, leading to immediate couse. Enter UNDERLYING											
유	CAUSE (Disease or Injury C. INDURIONIA AND FOSSIBLE SEESIS										+	
E	that initiated events resulting in death) LAST											
MEDICAL CERTIFICATION		d										1
A	PART II. Other algnificant condition	ne contributing to	deeth bu	it not reault	ing in t	he underly	ing cause given in	Part I. 24	a. WAS AN			WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO
2								1	YES 2			COMPLETION OF CAUSE OF DEATH?
E I											1	1   YES 2   HO
3	25. WAS CASE REFERRED TO MEDICAL	had ber				28.	PLACE OF OEATH (Ch	eck only one)				
S	EXAMINER?  1  YES 2 NO	HOSPITAL:	ER/Outpa	rtlent 3 🗆 D		THER:	ome 5 🗆 Residence	6 Other /S	inec/h/)			
PHYSICIAN:	27. MANHER OF DEATH	28e. DATE OF	IHJURY	281	. TIME O	F 28c. I	HJURY AT	26d. DESCR		NJURY OC	CURED	
	1 Natural 6 Pending	(Month, D	my, Ybar)		INJUR		WORK?					
BY	2 Accident Investigation 3 Suicide & Could not be	28e. PLACE O	F INJURY -	- At home, fo	erm, stree	et, factory, of	fice	28f. LOCATI	ON (Street	and Numbe	r or Rural A	oute Number,
	4 Homicide S Could not be	building,	etc. (Specil	(y)					lown, State)			
COMPLETED	29a, CERTIFIER ATT CERTIFICATION TO THE PARTY OF THE PART											
₹ I	(Check only											Target Language
Ö	2 MEDICAL EXAMINE	ER: On the beals of a	camination	and/or Invest	igation, i	n my opinion	, death occured at the	time, data an	d placa, an	d due to ti	he cause(s)	and manner as stated.
BE (	296 SIGNATURE AND TITLE OF CERTIFIE	1/3					29c. LICENSE NU	MBER		29d. DAT	-	(Month, Day, Year)
	1 Ani	4/)	m		_					1	-20	2-90
2	30. NAME AND AGORESS OF PERSON MI	O COMPLETED CAN	OF DEA	TH (ITEM 27)	(Type, Pri	nty						
	DR. DAVID BURNS	6701	N. C	harle	s St	., To	wson, Md.	21204	+			
	JAN2 5 1990		DIO 010014									
	JAN 2 1990	Julia Davids	on-ya	nouse								

FOR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIFIC	ATE OF	DEATH	RI	EG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)	ANGEL	A MARY DE	NIS		2. DATE OF D	DEATH	YEAR	3. TIME OF DEATH	
	Angela De	nis				01 -		90	7:20P M	
	27 5 20 4 54 4	5. SEX 6. AGE (1	***	UNDER 1 YEAR	IF UNDER 24 HRS. HOURE MIN.	7. DATE OF B (Month, Day 1, 2-8-	( Year)	Country	PLACE (State or Foreign yland	
	9e. FACILITY NAME (If not institution, give street	et and number)	9	96. CITY, TOWN OR LOCATION OF D				COUNTY OF DE		
TOR	Dulaney Towson Nu	rsing Home		Towso	n			Balti	more	
E I	10e. STATE 10b. COUNTY		10c. CITY, 1	OWN OR LOCAT	ION	-			10d. INSIDE CITY LIMITS?	
D		imore	T	owson					1 TES XX NO	
FUNERAL DIRECTOR	913 Southerly Roa	.d		10f	21204				HAT COUNTRY?	
B≺	11. MARITAL STATUS 1 Never Merried 2 Merried XX Widowed 4 Divorced	U.S. ARMED  2 X NO ATES	13. WAS OEC If yes, sp 1 TYES	ENDENT OF HISPAN belfy Cubert, Mexice XX NO Specify	F HISPANIC ORIOIN? (Specify Yee or No— 1, Mexicen, Puerto Rican, etc.)  Specify:			4. RACE — American Indian, Black, White, atc. Specify: White		
입	15. DECEDENT'S EDUCA (Specify only highest grade co		16e. DECEDENT'S US	UAL OCCUPATION	N el of working	16b. KINI	D OF BUSINESS			
COMPLETED	Elamentary/Secondary (0-12) 1.2	College (1-4 or 5+)	Ille. Do NOT use n	emaker	or working		N/A			
S	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NA	ME (First, Middle		ne)		
BE C	Michael Joseph D	ougherty			Marie	McAtl	iffe			
TO B	19e. INFORMANT'S NAME (Type/Print)		19b. MAILINO AL	DRESS (Street a	nd Number or Rural I	Route Number, C	City or Town, State	ı, Zip Code)		
F	William A. Denis	II	217 W	elford	Road Lut	hervil	le, Md	21093		
	20e_METHOO OF DISPOSITION  #XXBuriel 2	(ther place)					cation - city or Town, State			
	22. NAME AND ADDRESS OF FACILITY  22. NAME AND ADDRESS OF FACILITY									
	Dennis Stephen	Interak Xerakis	4	Mitch	ell-Wied	lefeld	Home 6	500 Yo	rk Rd 21212	
	23. PART i. Enter the diseases, or co ahock, or heert feliure. Li IMMEDIATE CAUSE (Final disease or condition resulting in deeth)	ASPIRA  DUE TO (OR AS A	TION CONSEQUENCE OF):			h aa cerdlec	or respiratory	, arreat,	Approximete interval Between Onset and Death	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  b. A L Z HCI MCTZS DISEASE  DUE TO (OR AS A CONSEQUENCE OF):  c. OUE TO (OR AS A CONSEQUENCE OF):									
EDICAL	ESOPHAGEAL DYS FUNCTION  PERFORMED?  1 YES 2 NO ON							WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO		
¥	25. WAS CASE REFERRED TO MEDICAL			26. PI	ACE OF OEATH (Ch	eck only one)				
S		HOSPITAL:		THER:	e 5 🗆 Residence	6 ☐ Other (So	ecify)			
PHYSICIAN: M	27. MANNER OF DEATN  1 Netural 5 Pending	26e. DATE OF INJURY (Month, Day, Year)	26b. TIME (	OF 28c. INJ	URY AT		BE HOW INJURY	OCCURED		
D BY	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF INJURY building, etc. (Spec	— At home, farm, atre	M 1 VES 2		NO  281. LOCATION (Street and Number or Rural Route City or Town, State)			Route Number,	
	4 Homicide determined				<u> </u>					
COMPLETED	cont only	AN: To the best of my know							) end manner ae stated.	
	286 SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Mor									
BE	Shutt		29c. LICENSE NUMBER  29d. DATE SIGNED (Month, Day, Year)  1-24-90							
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, Pr	rint)						
	31. DATE FILED (Month, Day, Year)  JAN 2 5 1990	32 MEGISTRAB'S SIGN	ATURE Mandall							

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed found and completely filled in by the funeral director, page 6 may be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified. DIVISION OF VITAL RECORDS, P.O. BOX 1314

BALTIMORE, MARYI

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed to the property of the propert DIVISION OF VITAL RECORDS, P.O. BOX 1314

31. DATE FILEO (Month, Day, Year)

JAN 2 5 1990

	irst, Middle, Last)	Carroll	Stanle	y Davi	s				DATE OF DEATH	19	1990	3. TIME OF DEATH 3:40 p.m
4. SOCIAL SECURITY NU	IMBER	6. SEX	6. AGE (In yrs. Is		IF UNDER 1 YEA		F UNDER 24 HRS.		7. DATE OF BIRTH		8. BIRTH	IPLACE (State or Foreign
213-03-796	1	1 M 2 F	77		MONTHS DAY	'S HOURS	MIN.	Fe	Month, Day, Year)	899	Ma	aryland
9a. FACILITY NAME (# no					96. CITY, TOWN OR LOCATION OF DEATH							
809 Wel	lingtor	Rd.			Bal	timore	9			Baltimore		
10a. STATE	10b. COUNT	Y		10c. CIT	Y, TOWN OR LO	CATION					10d. INSIDE CITY LIMITS?	
Maryland	Bal	timore		Baltin	nore						1 YES 2 X NO	
10s. STREET AND NUMB				10f. ZIP CO				10g. Cf	ITIZEN OF WHAT COUNTRY?			
809 Welli	ngton F					212					USA	
11. MARITAL STATUS 1 Never Married 2	Married		YES 2	ARMED NO	If yes	, specify Cut	an, Maxica	ın, Pu	RIGIN? (Specify Yelland Rican, atc.)	a or No—	Black	E — American Indian, k, White, atc.
3 X Widowed 4 D		IF YES, GIVE	WAR OR DATES		1 🗆	YES 2 [XNO	Specif	y:			Speci	"White
15. D	ECEDENT'S EDI	JCATION	16a	DECEDENT'S	USUAL OCCUP	ATION	-/		16b. KIND OF BU	JSINESS/IN	DUSTRY	
(Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5 +)					work done during se retired.)	most or won	ang					
12 Years				wner								Supply Co
Walter W.					18. MOTHER'S NAME (First, Middle, Maiden Surname) Grace LaForce							
19a. INFORMANT'S NAME							Number, City or To			1121		
Richard C. Davis 13400 Cambria Farms Rd. Phoenix, Md. 21131  200. METHOD OF DISPOSITION (Name of commency, cremetory or 200. LOCATION — City or Town, Start												
1   Burlel 2 XI Cremetton 3   Removal from State   other place)   Greenmount Cemetery   Baltimore, Md.											•	
James	F. Bur	nside, J	r.	de	22. NAM Mi	chell 00 Yor	-Wie	de'	feld Hom Baltimo	ne, I ore,	nc. Md.	21212
23. PART I. Enter the	diseeses, or r heert fellure Final		at caused the use on sech	deeth. Do	1 650 not enter the	00 YOY	k Rd ying, aud	ch ma	Baltimo	ore,	Md.	Approximeta Interval Between
23. PART I. Enter the ahock, or IMMEDIATE CAUSE ( disease or condition	diseases, or r heert fellure. Final	e. DUE TO	at caused the use on sech	deeth. Do line.	on of enter the sulfile.	00 YOY	k Rd ying, aud	ch ma	Baltimo	ore,	Md.	
23. PART I. Enter the ahock, or IMMEDIATE CAUSE (disease or condition resulting in deeth)  Sequentielly list conif any, leading to immove ceuse. Enter UNDER CAUSE (Disease or is that initiated events	diseases, or r heert fellure Final dittons, mediate LYING njury	e. DUE TO  c. DUE TO  d	O (OR AS A COI	SEOUENCE O	of 650 not enter the scalar	00 YOr mode of d	k Rd ying, aud	ch aa	Baltimo cerdiac or reep	ore, orea	Md.	Approximeta Interval Betwee Onset and Daa
23. PART I. Enter the ahock, or IMMEDIATE CAUSE (disease or condition resulting in deeth)  Sequentielly list conif any, leading to immove. Enter UNDER CAUSE (Disease or is that initiated events resulting in death) L.	diseases, or r heert fellure Final Historia Hist	e. DUE TO  c. DUE TO  d. DUE TO	ASCUORAS A COLOR OF CORAS A COLOR OF COLOR OF CORAS A COL	SEOUENCE O	of 650 not enter the scalar	00 YOr mode of d	k Rd ying, aud	ch aa	Baltimo cerdiac or reep	n Autops:	Md.	Approximeta Interval Betwee Onset and Das
23. PART I. Enter the ahock, or iMMEDIATE CAUSE (disease or condition resulting in deeth)  Sequentielly list comif any, leading to immany, leading to immany, leading to immany. Enter UNDER CAUSE (Disease or list intitieted events resulting in death) L.  PART II. Other alignif	diseases, or r heert feliure Final  dittons, mediate LYING njury AST	e. DUE TO  d. DUE TO  d. DUE TO  d. DUE TO  d. DUE TO  d. DUE TO  d. DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO	ASCUORAS A COLOR OF CORAS A COLOR OF COLOR OF CORAS A COL	SEQUENCE O	1 650 not enter the  Pull Fi: Fi:  In the under	00 YOr mode of d	k Rd yving, auc	ch aa	Baltimo cerdinc or reep	n Autops:	Md.	Approximeta Interval Betwee Onset and Das Onset and Das  D. WERE AUTOPSY FINDING MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
23. PART I. Enter the ahock, of IMMEDIATE CAUSE (disease or condition resulting in deeth)  Sequentielly list comif any, leading to immode. Enter UNDER CAUSE (Disease or lithat initieted events resulting in death) L.  PART II. Other algnif	diseases, or r heert feliure Final  dittons, mediate LYING njury AST	e. DUE TO  d	ASCUORAS A COLOR OF CORAS A COLOR AS EQUENCE O	65(not enter the	More of d	given in	Part	Baltimo cerdinc or reep	n Autops:	Md.	Approximeta Interval Betwee Onset and Daa Onset and Daa  D. WERE AUTOPSY FINDING MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
23. PART I. Enter the ahock, of IMMEDIATE CAUSE (disease or condition resulting in deeth)  Sequentielly list confit any, leading to improve ceuse. Enter UNDER CAUSE (Disease or in that initieted events resulting in death) L.  PART II. Other aligniff  25. WAS CASE REFERRER EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 6	diseases, or rheert feliure Final  dittons, mediate LYING njury AST  Icent condition  D TO MEDICAL	e. DUE TO  b. DUE TO  d. HOSPITAL: 1   Inpetient 2   26e. DATE O	TE MAN DO OR AS A COLOR  SEOUENCE O	65(not enter the	More of d	ying, auc fin	Part	Baltimo cerdiac or reej  1. 24a. WAS A PERFC 1 TYES	N AUTOPS'	Md.	Approximeta Interval Betwee Onset and Daa Onset and Daa  D. WERE AUTOPSY FINDING MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
23. PART I. Enter the ahock, of immediate CAUSE (disease or condition resulting in deeth)  Sequentielly list comif any, leading to immode. Enter UNDER CAUSE (Disease or lithst inhiteted events resulting in death) L.  PART II. Other algniff  25. WAS CASE REFERRER EXAMINER?  1  YES 2 NO  27. MANNER OF DEATH  1 Natural 6 2  Accident	diseases, or rheert fellure. Final dittions, mediate LYING injury AST	e. DUE TO b. DUE TO d. DUE TO d. HOSPITAL: 1   Inpatient 2   26e. DATE O (Month), 26e. PLACE	O (OR AS A COI O (OR	SEQUENCE OF THE PROPERTY OF TH	65(not enter the	ying cause  B. PLACE OF Homo 6 DA Homo 7 VES 2	ying, auc fin	Part	Baltimo cerdiac or reej  1	N AUTOPS' RMED? 2 3-46	Y 24t	Approximeta Interval Betwee Onset and Das  o. WERE AUTOPSY FINDING MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
23. PART I. Enter the ahock, of immediate CAUSE (disease or condition resulting in deeth)  Sequentially list comif any, leading to immediate CHOPER CAUSE (Disease or lithat initiated events resulting in death) L.  PART II. Other algnit  25. WAS CASE REFERRE EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Matural 6  2 Accident  3 Suicide 6  4 Homicide  29a. CERTIFIER (Check only)	diseases, or r heert fellure Final  ditions, mediate LYING injury AST  Icent condition  D TO MEDICAL  Pending Investigation  Could not be detarmined	e. DUE TO b. DUE TO d. DUE TO d. HOSPITAL: 1   Inpetient 2   28e. PLACE building	at caused the use on sech use on sech use on sech use on sech use on sech use on sech use of the sech use of t	deeth. Do line.  SEOUENCE O  SEOUENCE O  SEOUENCE O  SEOUENCE O  SEOUENCE O  SEOUENCE O  SEOUENCE O  SEOUENCE O  SEOUENCE O  SEOUENCE O  SEOUENCE O  SEOUENCE O  SEOUENCE O  SEOUENCE O  SEOUENCE O	of 65(not enter the	ying cause  B. PLACE OF  Home of Work?  YES 2  office	given in	Part Part 26d 26d	Baltimo cerdiac or reej  RI. 24a. WAS A PERFC 1  YES  Other (Specify) d. DESCRIBE HOW  City or Town, State the cause(a) and m	N AUTOPS' PRIMED? 2 JANO INJURY O	Y 24b	Approximeta Interval Betwee Onset and Daa  Daa  Daa  Daa  Daa  Daa  Daa  Daa

OIFOF

	_	2-5-90 CM FOR 1 - STATE REGISTRAR		MARYLAND / CE		CATE C				GIENE 3. NO.	70	01595
		1. DECEDENT'S NAME (First, Middle, Las	t)						2. DATE OF DE	ATH DAY	YEAR 3.	TIME OF DEATH
		Vivian E Dever							01	23.	1990	6:15 P
2		4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les		IF UNDER 1 YE	_	NDER 24 HRS.	7. DATE OF BIR (Month, Pay.)		8. BIRTHPL: Country)	ACE (State or Foreign
) -		293-48-5315	1 🗆 M 2 💢 F	91	YRS.				06/17	/98	Veri	mont
should		9a. FACILITY NAME (If not institution, give	atreet and number)			9b. CITY, TO			The state of the s			
62	E	Fairhaven			Sykesville, Mar				ryland Carroll			L
₩*	DIRECTOR	RESIDENCE OF DECEDENT	(TY	10c. CITY, TOWN OR LOCATION						10	Id. INSIDE CITY	
Page	E		rroll					Mars	vland			LIMITS?
46 physician. bunal-transit permit. Pages		100. STREET AND NUMBER	TIOIT		Sykesville, Mary				10010	10g, CIT	IZEN OF WHA	
. F	A.	7200 Third Ave			21784							States
-tram	FUNERAL	11. MARITAL STATUS		ENT EVER IN U.S. AR	MED	13. WAS			NIC ORIGIN? (Spec			American Indian,
16 ohysk bunial		1 Never Married 2 Married	FORCES?	FORCES? 1 YES 2 NO			If yes, specify Cuban, Maxicar			an, Puerto Rican, atc.)		Vitte, etc.
1203-3146 or attending physician. r use as the burial-trar	B	3 Widowed 4 Divorced	11 725, 4172					1 VES 2 NO Specify:			Specify:	White
21203-3146 tal or attending phys for use as the buni		15. DECEOENT'S En (Specify only highest gra		16a. DE	CEDENT'S	USUAL OCCU	PATION	nddna	16b, KIND	OF BUSINESS/IN	DUSTRY	
2120; al or atte for use	H.	Elementary/Secondary (0-12)		College (1-4 or 5+)		ork done durin e retired.)	g most or w	or rung				
	( <u>=</u>			ho		ewife			own home			
MARYLAND 2- be retained by the hospital is 5 should be detached to	COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. A		AME (First, Middle,				
7 66 7	i w	Joseph Edward E	DWARD				Chri	stina Be	atty			
MARY retained to 5 should	0	19a. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRESS (St	reet and Nu	mber or Rural	Route Number, City	or Town, State, Zi	p Code)	
		Ms. Priscilla E. Deven 457 N. Street SW Washington DC 20024										
BALTIMOBE, er death. Pace 6 may be the funeral recer pag val.		20s. METHOD OF DISPOSITION  1										
9 . 5		4 Donation 5 Other (Specify) Raltimore—Washington Crematory Laurel, Maryland										
N P	1,	21. SIGNATULE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY										
ALTII death. P	G 4.68	Ambrose Funeral Home, Inc.										
	3	1328. Sullphur Spring Road 21227  23. PAB 1. Enter the diseases, or complications that caused tha death. Do not enter the mode of dying, such as cardiac or respiratory errest, Approximate										
24 hours afte filled in by th on, or remow		shock, or heart failure. List only one cause on each line.										Interval Between Onset and Deat
		MMEDIATE CAUSE (Final disease or condition	Pale	BA CALLA	Di dana							1 week
rted within 24 I completely fille rial, cremation,		disease or condition										
4 B 2 - 1												
DX 131  b be execute sician and conforts build	CATION	Sequentially list conditions, If any, leading to immediate										
BOX ficate be physician ne prior to	N A	cause. Enter UNDERLYING										
O. BC certificate ding physi fygiene pri		CAUSE (Disease or Injury that initiated events	DUE T	O (OR AS A CONSE	OUENCE OF	ን:						
P.O. seath certif attending intal Hygier	CERTIFI	resulting in death) LAST	d.									
	AL CE	PART II. Other significant condit	lone contribution (	to death but not	o a uleba a l	la the code	dulan anu	as elema le	n Doub I Day	MAS AN AUTOPSY		PERE AUTOPSY FINDING
0 5 22	<b>E A</b>	A di la	d deme	A DOC MOC	osulting i	in the unite	nymy cau	ise given ii		PERFORMED?	A	WAILABLE PRIOR TO
RECORD: v requires that th been signed by t it, of Health and	EDIC/	Favance	a Gerne	nce					1 🗆	YES 2 NO		OMPLETION OF CAUSE F DEATH?
<b>日 2 2 2 3</b> 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	MEC	hypothy	wdism	-					_		1	YES 2 NO
E 40 St 1	Z											
Be H A	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER:	26. PLACE	OF DEATH (C	theck only one)			
SICIAN: The Licentificate has	L S	1 TES 2 NO		ER/Outpatient	□ DOA	4 Nursing	Home 5	Residence	8 Other (Spec	offy)		
. 8 8 5	- T	27. MANNER OF DEATH	28a. DATE ( (Month,	OF INJURY , Day, Year)	28b. TIM INJ	URY	c. INJURY / WORK?		26d. DESCRIBE	HOW INJURY O	CCURED	
	BY P	1 Maturel 5 Pending 2 Accident Investigation	on			M	_ YES	2 NO				
O STATE OF S	0 2	3 Suicide 8 Could not	be buildin	E OF INJURY — At hogg, etc. (Specify)	ome, farm, s	street, factory	office		28f. LOCATION City or Tow	(Street and Numb n, State)	er or Rural Roo	ite Number,
	ETE	4 Homicide determined										
DIV L DR A DIREC	PLE	29a. CERTIFIER 1 CERTIFYING PH	YSICIAN: To the best	of my knowledge, de	eath occum	ed at the time	, data and p	place, and de	a to the cause(a)	and manner as at	ated.	
HOSPITAL FUNERAL within 72 h	COMPLET	one) 2 MEDICAL EXAM	INER: On the besis of	f axamination and/or	Investigation	on, in my opin	ion, death	occured at th	e time, data and p	lace, and dua to	the cause(a) a	and menner as stated.
NEW TEN	S C	296. SIGNATURE AND NITE OF CERTI	FIER				29c.	LICENSE N	UMBER	29d, DA	TE SIGNED (A	fonth, Day, Year)
五五	O BE CO	1 hotta	- MD	Wil	-LIAM	TAN,1	ID J	034	849	► 1	123/90	0
223	≥ 2	30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CA									

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Road

1645 Liberty 31. DATE FILED (Month, Day, Year)

JAN 25 1990

DHMH-18 Rev 1/89

he hospital or attending physician. detached for use as the burial-transit permit. Pages 1, 2, 3 should LAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 1314

FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFIC				HYGIENE REG. NO.				
1. DECEDENT'S NAME (First, Middle, Less	Done line				2. DATE OF MONTH	DEATH DAY	YEAF PO	3. TIME OF DEATH		
4. SOCIAL SECURITY NUMBER  215-16-6378  9a. FACILITY NAME (If not institution, give	1 🗆 M 2 💢 F	70 YRS. MO		OURS MIN.		2/19	8. Bit Co	ATTHPLACE (State or Foreign unity)  Maryland		
St. Agnes Hospit	al			ore Cit						
10e. STATE 10b. COUN	imore		10c. CITY, TOWN OR LOCATION				10d. INSIDE			
10e. STREET AND NUMBER	THOLE		ansdowne 101. zi	P CODE		10-	g. CITIZEN O	1 TYES 2 NO		
#5 Third Avenue  11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced	H. MARITAL STATUS  1			21227 DENT OF HISPAR by Cuban, Maxica (X NO Specifi	ANIC ORIGIN? (Specify Yea or No- 14 can, Puarto Rican, atc.)			USA . RACE — American Indian, Black, White, atc. Specify:		
15. DECEDENT'S ED (Specify only highest green Elementery/Secondary (0-12)	DUCATION de completed) College (1-4 or 5+)	16e. DECEDENT'S USI (Give kind of work life. Do NOT use re	done during most o	of working	16b. K	IND OF BUSINES		hite		
17. FATHER'S NAME (First, Middle, Last)		housewid		B. MOTHER'S NA	ME (First, Mid	own ho	AND			
Eugene Citro  19e. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	DRESS (Street and		Alf		ate, Zip Code)			
Mr. Nicholas Donahue #5 Third Avenue Tansdowne, Md. 21227  20s. METHOD OF DISPOSITION  20b. PLACE OF DISPOSITION (Name of cometery, cremetory or other place)  20b. PLACE OF DISPOSITION (Name of cometery, cremetory or other place)										
Donation 6   Other (Specify)   New Cathedral Cemetery   Baltimore City Md.										
S. PART Enter the disesses, or shock, or heart fellum MMEDIATE CAUSE (Finel disesse or condition resulting in death)	s. List only one cause on e	D. Elec	enter the mode	of dying, suc	h se cerdia	c or respirato	ry arrest,	Approximate Interval Betwee Onset and De		
Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  E.M.D. Electrunechounce of Dussociotion.  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):										
PART II. Other eignificent condition	one contributing to deeth b	ut not resulting in t	he underlying c	euse given in		PERFORMED	?	24b. WERE AUTOPSY FINDIN AVAILABLE PRIORI TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO		
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			E OF DEATH (Ch	eck only one)					
1 TYES 2 NO	N Inputient 2 ☐ ER/Outs	entient 3 DOA 4	THER:  Nursing Home							
27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation		28b. TIME O	M 1 YES	Y AT 7 3 2 NO	28d. DESCR	RIBE HOW INJUI	URY OCCURED			
3 Suicide 6 Could not be 4 Homicide determined	PLACE OF INJURY building, etc. (Special control of the contro	— At home, farm, stree	et, factory, office		281, LOCAT	ION (Street and I Town, State)	lumber or Rui	ral Floute Number,		
anal .	'SICIAN: To the best of my know							eo(a) and manner as stated.		
296. SIGNATURE AND TITLE OF CERTIF	-	0.		9c. LICENSE NUI				IED (Month, Day, Year)		
30. NAME AND ADDRESS OF PERSON V	VHO COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, Pri	297	,						
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	ATURE	1							

452 23 314

MARYLAND 21203-3146

JAN 2 5 19/2

DIVISION OF VITAL RECORDS, P.O. BOX 1314

FOR	STATE OF MAR	VI AND / DEDAG	TMENT OF I	ENITH AND	MENTAL HYGIEN	9	0 01597			
1 - STATE REGISTRAR	SIMIL OF MAP		ICATE OF		REG. NO.					
1. DECEDENT SAIAME (First, Middle, Last RO)	•	DICKSON			2. DATE OF DEATH DO	ž Ž	3. TIME OF DEATH			
4. SOCIAL SECURITY NUMBER 147 05 9545	1 □ M 2 XXF	75 vrs.			Marin Devivered		BIRTHPLACE (State or Foreign Country) New Jersey			
9a. FACILITY NAME (If not Inetitution, give Washington Adve		tal		or Location of Di na Park	EATH	9c. COUNTY	OF OEATH Montgomery			
Maryland Prin	ce George's	10c, C1	.,	TOWN OR LOCATION West Hyattsville			10d. INSIDE CITY LIMITS?  1 X XYES 2 \( \text{NO} \) NO			
2010 Woodberry	Street		10	20782			of what country?			
11. MARITAL STATUS  1 Never Merried 2 Merried  3 Wildowed 4 Divorced	1 Never Merried 2 Merried FORCES? 1 YES			CENDENT OF HISPAI sective Cuben, Mexica 3 2 1 NO Specifi	NIC ORIGIN? (Specify Yearn, Puerto Rican, etc.) y:	or No— 14	RACE — American Indian, Black, White, etc. Specify: White			
15. DECEDENT'S EC (Specify only highest gra-		(Give kind of life. Do NOT u	s USUAL OCCUPATI work done during m was retired.)	ost of working		Depart				
17. FATHER'S NAME (First, Middle, Last) Morris Kurland			ME (First, Middle, Meiden Llie Londor	,						
Morris Kurland  19a. INFORMANT'S NAME (Type/Print)  Samuel Dickson  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  2010 Woodberry Street, West Hyattsville,										
20s. METHOD OF DISPOSITION  10 Squidel 2 Cremation 3 Re  4 Donation 5 Other (Specify)	20c. LO	CATION City	or Town, Steta Maryland							
21. SIGNATURE OF FUNERAL SERVICE I	m. K	Mount Let	DONALI 232 C	NO ADDRESS OF FA D M.STEIN ARROLL ST	N HEBREW MI TREET, N.W.	., WAS	L FUNERAL HOMI			
23. PART I. Enter the diseases, or complications that ceused the death. Do not anter the mode of dying, such as cerdiac or reapiratory arrest, ahock, or heart failure. List only one cause on asch line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  DIFTO OR AS A CONSCIUNCE OF:										
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  Cerebro Vacuular Accident X2.										
PART II. Other algoriticant conditions contributing to death but not resulting in the underlying cause given in Part I.  Thra Cerebral Hemonhage  Amicul printing  Thra Cerebral Hemonhage  1 yes 2 yno  1 yes 2 yno										
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 ☐ YES 2 ✓ NO	HOSPITAL:	(Controllers a Don	OTHER:	LACE OF DEATH (CI						
27. MANNER OF DEATH  1 Netural 5 Pending	26a. DATE OF INJ (Month, Day, )	URY 28b. TI	ME OF 28c. IN	JURY AT ORK? YES 2 NO	6 Other (Specify) 28d. DESCRIBE HOW	INJURY OCCU	RED			
2 Accident Investigation 3 Suicide 8 Could not b 4 Homicide determined	28e, PLACE OF IN	JURY — At home, farm, (Specify)	street, factory, offi	co .	28f. LOCATION (Street City or Town, State Wash A	end Number or	Rural Route Number,			
one)	YSICIAN: To the best of my						cause(e) and manner ee stated.			
296. SIGNATURE AND TITLE OF CERTIF	Du Khim			29c, LICENSE NU D 324	MBER 7-1-7	29d. DATE S	190NEO (Month, Day, Year) 22/90			
30. NAME AND ADDRESS OF PERSON V	WHO COMPLETED CAUSE OF	F DEATH (ITEM 27) (Typ	e, Print)	0 GE	ORGIA	AVE	SILVERSPERO			

the standing of the standard standards

It wild be detached for use as the bunal-transit permit. Pages 1, 2, 3 should returned by the hospital or attending physician. BALTIMORE, MARYLAND 21203-3146 ours after death. Page

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-minurs after death. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funer be filed within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical exam

FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.
1. DECEDENT'S NAME (First, Middle, Last)		2. DATE OF DEATH MONTH DAY

REGISTRAR		CE	EKIIF	ICATE O	DEATH	F	REG. NO.			
1. DECEDENT'S NAME (First, Middle, L	dward J	oseph	Dza			2. DATE OF MONTH	23, 19	YEAR 990	3. TIME OF DEATH	
4. SOCIAL SECURITY NUMBER 191.12.8267	1 🐉 M 2 🗆 F	6. AGE (In yrs. las	YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF 1 (Month, De March	1,1924	Coun	HPLACE (State or Foreign try) Sylvania	
9a. FACILITY NAME (If not institution, g	ive street and number)			9b. CITY, TOWN	OR LOCATION OF	DEATH	COUNTY OF DEATH		DEATH	
Harbor Hospita			Baltimore					City		
10e, STATE 10b, CO			10c. CIT	Y, TOWN OR LOC					10d. INSIDE CITY	
	ne Arundel		Glen Burnie					1 TES 2 X NO		
1430 Gordon Dr	ive		107, ZIP CODE 21061						S.A.	
11, MARITAL STATUS  1 Never Merried 2 X Married  3 Widowed 4 Divorced	EVER IN U.S. AR X YES 2 1 AR OR DATES O CEAN		If yes,	DECENDENT OF HISPANIC ORIGI s, specify Cuben, Mexicen, Puarto YES 2 X NO Specify:		rto Ricen, etc.) Bit		ACE — American Indian, lack, White, etc.		
15. DECEDENT'S (Specify only highest of	EDUCATION	16e. DE	CEDENT'S	USUAL OCCUPA	TION	16b. Kil	D OF BUSINESS/II			
Elementary/Secondary (0-12)	College (1-4 or 5+) None	life.	Do NOT u	rech.	roat or working	Wes	tinghous	e		
17. FATHER'S NAME (First, Middle, Last			18. MOTHER'S N	le, Meiden Surname)						
Michael A.					Ann		ndjock			
				ADDRESS (Street	and Number or Rura			lo Codel		
Theresa A. Dzar	nbo			Same as		Tall tall to the tall to the tall tall tall tall tall tall tall tal				
26a METHOD OF DISPOSITION 1 IX Burlel 2 Cremation 3 1 4 Donation 5 Other (Specify)	other pli	nce)	n Cemet	emetery, crematory or Pry		Mt. Ple				
21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY										
* R Son	Hopk				gleton Fu n Burnie					
IMMEDIATE CAUSE (Finel disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):							Iweek			
Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST										
PART II. Other aignificant cond	itions contributing to	death but not r	aauiting	in the underly	ng cause given i	n Part I, 24	. WAS AN AUTOPS	24	b. WERE AUTOPSY FINDIN	
						_ 1	PERFORMED?		COMPLETION OF CAUS OF DEATH?  1 YES 2 NO	
25. WAS CASE REFERRED TO MEDICA	ı.			26.	PLACE OF DEATH (C	Check only one)				
EXAMINER?	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER:	me 5 🗆 Residence	6 Other (S	pec(fy)			
27. MANNER OF DEATH  1 Netural 5 Pending investigat	28s. DATE OF I (Month, Da		26b. TIM	E OF 28c.	NJURY AT YORK? YES 2 NO		BE HOW INJURY O	CCURED		
2 Accident Investigat 3 Suicide 6 Could no 4 Homicide determine	28e. PLACE OF building, e	FINJURY — At he itc. (Specify)	ome, ferm,	street, factory, of	lce		ON (Street end Numb bwn, State)	eet end Number or Rural Route Number, ate)		
ana)	HYSICIAN: To the best of r								e) end menner as state	
296. SIGNATURE AND TITLE OF CERTIFIER  296. LICENSE NUMBER  296. LICENSE NUMBER  296. LICENSE NUMBER  297. DATE SIGNED (Mon								D (Month, Day, Year)		
30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUS	E OF DEATH (ITE			. 14000		4 0 1		0	
		S'S SIGNATURE		,001	· (Yane	ر ما	r 15.1+	-		
JAN 2 5 1990	Puha Davidson	Pandelle								

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

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permit. Pages 1, 2, 3 should

	1 - FOR STATE REGISTRAR	STATE OF MARYLA		T OF HEALTH AND	MENTAL HYGIENE REG. NO.					
	1. DECEOENT'S NAME (First, Middle, La		on, Sr.		2. DATE OF DEATH DAY 23	YEAR 3. TIME OF DEATH				
	4. SOCIAL SECURITY NUMBER 213-09-6038	18M20F 8	YRS. MONTHS	R 1 YEAR SF UNDER 24 HRS. DAYS HOURS MIN.	rs Hours with. (Month, Day, Ybar) 08 Marry 13					
TOR	9a. FACILITY NAME (If not institution, gi	ical Carrier	9b. CiT	s Town on Location of Di	or Location of Death City  9c. COUNTY OF DEATH					
DIRECTOR	10a, STATE 10b, COU	SIBEST .	10c. CITY, TOWN Balte	.City,Md.		10d. INSIDE CITY LIMITS? XX YES 2 \( \text{NO} \) NO				
FUNERAL	100. STREET AND NUMBER 453 Grins			21230	10g. CITIZ	ITIZEN OF WHAT COUNTRY?				
ВУ	11. MARITAL STATUS 1 Never Married 2 Merried 3 Vidowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES	U.S. ARMED 13.	WAS DECENDENT OF HISPAI If yes, specify Cuben, Mexics 1 YES 2 XNO Specifi	n, Puerto Rican, atc.)	14. RACE — American Indian, Black, White, atc. Specify:				
COMPLETED	15. DECEDENT'S E (Specify only highest gr Elementary/Secondary (0-12) 9 th • Grade	EDUCATION rade completed)  College (1-4 or 5 +)	16a. DECEDENT'S USUAL ( (Give kind of work done life. Do NOT use retired.)  Warehous	during most of working	CO.					
BE CON	17. FATHER'S NAME (First, Middle, Last) George Washi	ington,Dixon		18. MOTHER'S NA	ME (First, Middle, Malden Surname)	King				
TO E	Mrs. Margaret	B.Dixon			Route Number, City or Town, State, Zip C. Balto.Md.21					
20c. Location — City or Town, State MC 21230  20c. Location — City or Town, State MC 21230  20c. Location — City or Town, State MC 21230  20c. Location — City or Town, State MC 21230  20c. Location — City or Town, State MC 21230  20c. Location — City or Town, State MC 21230  20c. Location — City or Town, State MC 21230  20c. Location — City or Town, State MC 21230  20c. Location — City or Town, State MC 21230  20c. Location — City or Town, State MC 21230  21. SIGNATURE Of FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY Balto. Md 21230  MCCully Funeral Home, 130 E. Fort										
CERTIFICATION	23. PARTY. Enter the diseases, ahock, or heart failu immediate Cause (Final disease or condition resulting in death)  Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a	CONSEQUENCE OF):  CONSEQUENCE OF):  CONSEQUENCE OF):  CONSEQUENCE OF):		has cerdiac or reapiratory arre	at, Approximate Interval Between Onset and Death				
PHYSICIAN: MEDICAL C	PART II. Other significant condi	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I, PERFORMED?  1 VES 2 NO								
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL: 1 Pinpatient 2 ER/Outpa	tilent 3 DOA 4 Nu	26. PLACE OF DEATH (CF R: rsing Home 5 🗆 Residence						
ВУ РНУ	27. MANNER OF DEATH  1 Newtral 5 Pending 2 Accident Investigation	28a. OATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK? 1 YES 2 NO	28d. DESCRIBE HOW INJURY OCC	URED				
	3 Suicide 6 Could not 4 Homicide determined	building, etc. (Special	— At home, ferm, street, fed	ctory, office	281. LOCATION (Street and Number of City or Town, State)	or Aurel Route Number,				
COMPLETED	onel				to the cause(a) and manner as state					
29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Mo.										
	30. NAME AND ADDRESS OF PERSON	5 all 12	3015+Pa	ul Place	Balt. Md.	21202				
	31. DATE FILED (Morith, Day, Year)  JAN 2 5 1977	32. REGISTRAR'S SIONA	Lebes "							

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TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by its hospitan of attentions after death.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be decement for be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified a nonce.
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	1. DECEOENT'S NAME (First, Middle, Last)								2. DATE	OF DEATH	aw.	VEAR	3. TIME OF DEATH
-1	Paul J.	DRNEC								ary 2.	3, 19	90	1:56A
-	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les	.,	IF UNDES	DAYS	IF UNDER	MIN.	(Mon	OF BIRTH			HPLACE (State or Foreign try)
	215-09-1152	1 X M 2 🗆 F	72.82	YAS.					AUG	. 17,	1917		RYLAND
	98. FACILITY NAME (If not institution, give s FRANKLIN SQUARE RESIDENCE OF DECEDENT				96. CITY	r, TOWN C	OR LOCATI	ION OF D	EATH			nty of d	
	10a. STATE 10b. COUNT	Υ		10c. CI	TY, TOWN	OR LOCAT	TION						10d. INSIDE CITY LIMITS?
- 15	MARYLAND				BALT	IMOR	E						1 X YES 2 NO
	10e. STREET AND NUMBER	00				101	ZIP COO	7					WHAT COUNTRY?
	4014 RIDGECROFT		NT EVER IN U.S. AF	MED	12	WAS DEC	212		NIC OBIGI	N? (Specify Ye		J.S.	E American Indian,
	1 Never Married 2 Married	FORCES?	NT EVER IN U.S. AF 1 X YES 2 1 WAR OR DATES	NO		If yes, sp	ecity Cub	nn, Maxic	an, Puarto	Rican, etc.)	a or no-	Blac	ck, White, etc.
	3 Widowed 4 Divorced	WW II					- W		· y ·			WH	ÎTE
	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	(6	ive kind of	work done	during mo	ON list of world	ing	16	b. KIND OF BU	ISINESS/INC	DUSTRY	
	Elementary/Secondary (0-12)	College (1-4 or 5	+)				AAA NI			U. C	004	EDNIN	ICALT.
	17. FATHER'S NAME (First, Middle, Lest)		ILELE	PHUN	E RE	PAIR		HEA'S N	AME (First	Middle, Maide		ERNM	IENI
	CHARLES DRNEC						1000		IA RO		· oumanio		
	19a. INFORMANT'S NAME (Type/Print)		19	b. MAILIN	ADDRES	S (Street a				aber, City or To	wn, State, Zip	Code)	
	PAULA DRNEC-THOMP	SON	1	2139	EAS	TERN	AVE	(E)	KTEND	ED BA	TIMO	RE M	D. 21220
	20a. METHOD OF DISPOSITION  1  Burlel 2 Cremation 3 Rem 4  Donation 5 Other (Specify)	novel from State	20b. PLACE other pi	lece)							DCATION -		
	4 Donation 5 Other (Specify)		_   GREE	EN MO			/26/		A OH ITY	В	ALTIM	ORE	MD.
	Downie Con	DENNIS C	CAPITANO		22.	LEON	IARD	] [	RUCK	INC.			
7	23. PART I. Enter the diseases or	complications th	at caused the de		5	305	HARF	ORD	RD.	BALTI			21214
	23. PART I. Enter the diseases/ or abook, or heart feilure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	complications the List only one calls.	at caused the deuse on each line		not enter	305	HARF	ORD	RD.	BALTI			Approximate interval Batwee
	ahock, or heart fellure.  IMMEDIATE CAUSE (Final disease or condition	e. Pneumo  DUE TO  DUE TO  C.	at caused the de luse on each line nia	OUENCE (	not enter	305	HARF	ORD	RD.	BALTI			Approximate interval Batwee
	ahock, or heart fellure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. Pneumo  Due To  c. Due To  d	at caused the di use on each line nia D (OR AS A CONSE D (OR AS A CONSE	OUENCE (	5 not enter	305 r the ma	HARF	FORD Ping, suc	RD.	BALTI diac or reap	N AUTOPSY	reat,	
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	ahock, or heart fellure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. Pneumo  DUE TO  C. DUE TO  d	at caused the di use on each line nia D (OR AS A CONSE D (OR AS A CONSE	OUENCE (	5 not enter	305 r the mo	HARF	ORD ring, suc	RD.	BALTI diac or reap  24e. WAS A PERFO 1   YES.	N AUTOPSY	reat,	Approximate interval Batwee Onest and Dea Dea Dea Dea Dea Dea Dea Dea Dea Dea
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	ahock, or heart fellure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO  27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suickée 8 Could not be determined  29a. CERTIFIER 1 CESTIEVINO BAYS	b. DUE TO d. HOSPITAL: 1 \( \)\( \)\( \)\( \)\( \)\( \)\( \)\(	at caused the divise on each line  nia  D (OR AS A CONSE  D (OR AS A CONSE  D (OR AS A CONSE  D (OR AS A CONSE  D (OR AS A CONSE  D (OR AS A CONSE  D (OR AS A CONSE  O (OR AS A CONSE  D (OR AS	OUENCE ( OUENCE ( OUENCE (  OUENCE (  Teaulting  B □ DOA  26b. Till  IN	OF):  OF):  OF):  OTHE 4   Nu ME OF JURY M	26. P. R: raing Hon 28c. IN. 1	HARF de of dy	given in	RD.  The action of the control of th	24e. WAS A PERFO 1 YES	N AUTOPSY PRMED? 2 NO INJURY OC	24 CCURED	Approximate interval Batwee Onset and Dea Dea Dea Dea Dea Dea Dea Dea Dea Dea
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	ahock, or heart fellure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially liat conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   Ves 2   NO  27. MANNER OF DEATH  1   Netural 5   Pending investigation 3   Suicide 8   Could not be determined  29a. CERTIFIER (Check only one) 2   MEDICAL EXAMIN	b. DUE TO  DUE	at caused the decision of the property of the	OUENCE ( OUENCE ( OUENCE ( OUENCE (  OUENCE (  Teaulting  1 DOA  26b. Till  IN  eath occur  investigat	OF):  OF):  OF):  In the u  OTHE 4   Nu  ME OF NURY M street, fac	26. PIR: raing Hon 28c. IN. 1 corp. office time, date	G COURS  G C	given in DEATH (Classidence	RD.  ch se cer  part i.  heck only c  6 Oth  28d. of  28t. LO  Cir.  a to the cir.  e time, def	24e. WAS A PERFO 1 YES YES STRIBE HOW	N AUTOPSY RRMEO? 2 NO INJURY OC and Numbers and due to to	24  CCURED  or or Rural	Approximate interval Batwee Onset and Dea Dea Onset and Dea Onset and Dea Dea Dea Dea Dea Dea Dea Dea Dea Dea

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	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be refac-	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be nothled at pace.

	1 - STATE REGISTRAR	STATE OF MARYLA		MENT OF H		MENTAI	HYGIENE REG. NO.		
	1. OECEOENT'S NAME (First, Middle, Linst)  M.V.	Mary Eliza		fy		2. DATE MONTH	OF DEATH DAT	/24/94	3. TIME OF DEATH 3:30 A M
	4. SOCIAL SECURITY NUMBER 218-01-6379	1 🗆 M 2 🏖 F	71 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.		OF BIRTH 1, Day, Ybar) 1,191	(	HATHPLACE (State or Foreign Country)  Maryland
TOR	9a. FACILITY NAME (If not institution, give s Francis Scott Ke			96. CITY, TOWN O Bal	timore	PEATH		9c. COUNTY	OF OEATH
FUNERAL DIRECTOR	10a. STATE 10b. COUNTY	Baltimore	10c. CITY,	TOWN OR LOCAT	ON				10d. INSIDE CITY LIMITS?  1 YES 2 NO
ERAL	100. STREET AND NUMBER 606 Orems Road			101.	ZIP CODE 212	21		_	OF WHAT COUNTRY?
ВУ	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO		elfy Cuban, Mexic 2 NO Spec	an, Puarto F			RACE — American Indian, Black, White, atc. Specify: White
COMPLETED	15. OECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5 +)	Ille. Do NOT use	ork done during mos	N It of working	166.	KIND OF BUSIN	NESS/INDUST	RY
BE COM	17. FATHER'S NAME (First, Middle, Lest) William	Tankersley				rtruc	le ==:		
10	19a. INFORMANT'S NAME (Type/Print) Rosemary Billing	jton		Elton Av					
	20a, METHOD OF DISPOSITION 1 Depute 2 Cremation 3 Rem 4 Donation 8 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIK	ovel from State	PLACE OF DISPOSI other place) Baltimo	re Natio		etery			or Town, State
	Connelle	Funes /	lome	Conr	elly Fu	neral			ceAve. 21221
	23. PART I. Enter the diseases, or shock, or heart fellure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. September 2018	the death. Do not the line.		le of dying, au	ch as card	liac or respira	itory arrest,	Approximate Interval Batween Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	с	CONSEQUENCE OF		7				3 weeks
ERTIF	that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF	): 					
CAL	PART II. Other algnificant condition	a contributing to deeth bu	it not resulting in	the underlying	cause given in	Part I.	24a. WAS AN A PERFORM 1 (XYES 2 [	ED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO
N.									
SIC!	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL:		OTHER:	ACE OF DEATH (C				
PHYSICIAN: MEDI	27. MANNER OF DEATH  1 Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME	JRY WO	JRY AT	_	CRIBE HOW IN	JURY OCCUR	ED
BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, atc. (Speci	Al home, farm, st		ES 2 NO	28f. LOC City	ATION (Street an or Town, State)	d Number or f	Rural Route Number,
COMPLETED	one)	ICIAN: To the best of my knowle							use(a) and manner as stated.
BE	29b. SIGNATURE AND TITLE OF CERTIFIE	loter m	)		29c. LICENSE NI	MBER -	5	29d. DATE SI	GHED (Morith, Pay, Year)
2	30. NAME AND ADDRESS OF PERSON WH	J Wa	STOM	Print) M	D			/	
	JAN 2 5 1990	32. REGISTRAR'S SIGNA	TURE						

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and by the hospital or attending physician.

The detached for use as the burial-transit permit. Pages 1, 2, 3 should BALTIMORE, MARYLAND 21203-3146 ours after death. Page 6 mg TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with four star death. Page 6 TO THE FUNERAL OHECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral direct be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

at once.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner

	1 - FOR STATE REGISTRAR	STATE OF MA				EALTH AN		HYGIENE REG. NO.			
100	1. DECEDENT'S NAME (First, Middle, Last)	MAR	Œ E. DE	NN				DATE OF DEATH	9	YEAR	3. TIME OF DEATH
	4. SOCIAL RECURITY NUMBER -215-07-8785	1 - M 2 KK	AGE (In yrs. lest bit	AS. MONTE		IF UNDER 24 H HOURS MI	n. 7-	ATE OF BIRTH Month, Day Wast 28-1899	and I	MAR	YLAND
LOR	98. FACILITY NAME (If not institution, close MANOR CARE NURSIN RESIDENCE OF DECEDENT	Appendix A To 1	n	96. 0	CITY, TOWN	ROSS\		E	9c. COUNTY OF DEATH BALTIMOI		
DIRECTOR	10a. STATE 10b. COUNT	BALTIMORI		Oc. CITY, TOW	/N OR LOCA	DUNDA	AT.K				10d. INSIDE CITY LIMITS? 1 YES XX NO
- 17	100. STREET AND NUMBER 7933 ST. MONICA I				10	. ZIP CODE	222		10g. CITIZ	EN OF W	HAT COUNTRY?
BY FUNERAL	11. MARITAL STATUS  1 Never Married 2 Married  3. Widowed 4 Divorced	12. WAS DECEDENT E FORCES? 1   IF YES, GIVE WAR	YES 2 XXO	D	If yes, sp	ENDENT OF HI	ISPANIC O	RIGIN? (Specify Yes erto Ricen, etc.)	or No—	14. RACE	— American Indian, White, etc.
COMPLETED	15. DECEDENT'S EDI (Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5+)	(Give	DENT'S USUA kind of work do NOT use retire	one during mo ed.)	at of working		16b. KIND OF BUS			
	8TH GRADE  17. FATHER'S NAME (First, Middle, Last)  NOT KNOWN HEID	N/A		HOMI	E MAKI	18. MOTHER		First, Middle, Maiden S KNOWN		N HOI	ME
-10 BE	19a. INFORMANT'S NAME (Type/Print)  ALICE B. JACKSON	NZE				nd Number or F	Rural Route	Number, City or Town BALTIMOR			AND 21222
/	20a. METHOD OF DISPOSITION  TO Burlai 2 Cremation 3 Ren  4 Donation 6 Other (Specify)	noval from State	20b. PLACE OF other place	DISPOSITION	(Name of ce	netery, cremetor	y or	20c. LOC	ATION - C	aty or To	
	21. BRENATURE OF PUNERAL SERVICE L	CENSER			22, NAME A	RUCK P	F FACILITY TUNES	VAL HOME	OF DU	INDA:	
	22 PART I. Enter the diseases, prahock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. PNB	on each line.  UMON R AS A CONSEQUE	A ENCE OF):			auch as	cardiac or respir	atory sme	est,	Approximate Interval Between Onset end Deeth
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evente resulting in death) LAST  b. UPPER C3 T3 LEED  DUE TO (OR AS A CONSEQUENCE OF):  c.  DUE TO (OR AS A CONSEQUENCE OF):  d.										
MEDICAL	PART II. Other eignificent condition	ne contributing to de	eath but not ree	ulting in the	underlylr	g ceuse give	n in Pari	24a, WAS AN PERFORI	MED?	24b.	WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?  1 YES 2 NO
ICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		ОТІ	26. P	LACE OF DEAT	H (Check o	only one)			
Y PHYSICIAN:	1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation	1 ON patient 2 E	JURY :	DOA 4 D	28c. IN	IURY AT PRIC? YES 2 N	280	Other (Specify)	JURY OCC	URED	
ETED BY	2 Accident investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF I	NJURY — At home L (Specify)	, farm, street,	factory, offi		261	. LOCATION (Street a City or Town, State)	nd Number	or Rural R	oute Number,
COMPLETED	and and	BICIAN: To the best of my									) and manner as stated.
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIE  Healing Charle  30. NAME AND ADDRESS OF PERSON W	dan Po	G V J .	77 (Time Print)	0.15	29c. LICENSI			29d. DATE	SIGNED	(Month, Day, Year)
	HABIB GHADO	HO COMPLETED CAUSE	SPLTIN SIGNATURE	CH R 10 RE	7	N1321	212:	34			
	JAN251990		- Pandell								

detached for use as the burial-transit permit. Pages 1, 2, 3 should

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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-mours after death. Page 6 m	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral directors, be filed within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must

	FOR 1 - STATE REGISTRAR	STATE OF N	MARYLAND /		RTMENT					HYGIEN REG. NO.	E		01000
	1. DECEDENT'S NAME (First, Middle, Lest)	MARGARET XXXXXXXX	M. ØXX XXXXX	180N	Davi	dsor	ı		2. DATE OF MONTH	DEATH DA	NY C	YEAR O	3. TIME OF DEATH 6:45 PM
	4. SOCIAL SECURITY NUMBER 214-05-3072	5. SEX	8. AGE (In yrs. les	YRS.	# UNDER 1	YEAR DAYS	IF UNDER	MIN.	7. DATE OF (Month, D	BIRTH Pay, Ybar) 7 - C	12	Counti	IPLACE (State or Foreign ry) Lyland
TOR	9a. FACILITY NAME (If not Institution, give st  MCSCY MCD) CO  RESIDENCE OF DECEDENT		- در		Bo CITY,		R LOCATI		EATH		9c. COU	NTY OF D	EATH
DIRECTOR	10a. STATE 10b. COUNTY			1.00	Ball			c					10d. INSIDE CITY LIMITS? 1 TYES 2 NO
FUNERAL	100. STREET AND NUMBER 601 Wyanoke Ave.						ZIP COD					IZEN OF V	WHAT COUNTRY?
ВУ	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE Y		MED NO	11	yes, sp	ENDENT (	OF HISPAI	NIC ORIGIN? ( an, Puerto Ric fy:	Specify Yee an, etc.)		14. RACI	E — American Indian, k, White, atc.
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5 -	(G	live kind of Do NOT u	USUAL OC work done do se retired.)	uring mo	ON at of worki	ng	16b. K	O			
COM	17. FATHER'S NAME (First, Middle, Last)			HOME	maker		18. MOT	HER'S NA	AME (First, Mid		Home Surname)		
BE	John C. Davids	on	10	h MAII IN	ADDRESS	/Otenal a	A Number	lary	A Fr.	anh	- Canta 71	- Codel	
ТО	James Davidson		20b. PLACE other pi	9119 OF DISPO					Baltim				6 wn, Stata
	1 Burlei 2 Cremetion 3 Remoted Donetion 5 Other (Specify)  21. SIGNATURE OF ONERAL SERVICE LICE			ece)					ACILITY	1	ukui		
	21. SIGNATURE OF PUNERAL SERVICE LIC	Altes	lia		RO	BER	T C.	ALT	ENBUR	G FUN	IERAL	НОМ	E, INC.
	23. PART I. Enter the disessed or or shock, or heart failure. IMMEDIATE CAUSE (Final disesse or condition	List only one cau	use on each line	ð.	not enter (	the mo	ds of dy	ing, suc	ch aa cerdie	c or respi	ratory ar	rest,	Approximats interval Batween Onset and Death
	resulting in deeth)	DUE TO	OR AS A CONSE										I week
ATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO	(OR AS A CONSE	QUENCE C	<i>⊘</i> ∩ )F):					<u> </u>			Iweck
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO	(OR AS A CONSE	QUENCE C	PF):								
MEDICAL	PART II. Other aignificant condition  Congestive he Seizure									4a. WAS AN PERFOR	RMED?	24t	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					26. PI	ACE OF E	DEATH (Cr	heck only one)				
YSIC	1 TYES 2 NO	HOSPITAL:					6 5 🗆 R	esidenca	6 DOTher (	Specify)			
ву РН	27. MANNER OF DEATH  1 Netural 6 Pending 2 Accident Investigation	28a. DATE OF (Month, E		26b, TH	ME OF JURY M		URY AT PRK? YES 2 [	□ NO	28d. DESCI	RIBE HOW I	NJURY OC	CURED	
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE C building.	OF INJURY — At he etc. (Specify)	ome, ferm,	street, facto	ry, offic	•		28f. LOCAT City or	ION (Street Town, State)	and Numbe	or Pural	Route Number,
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSI												s) and menner as stated.
田田田田田田田田田田田田田田田田田田田田田田田田田田田田田田田田田田田田田田田	295, SIGNATURE AND TITLE OF CERTIFIER	Che 7			e, MI			ENSE NU	MBER 71 NG		29d. DA	E SIGNED	(Month, Day, Year)
5	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAU	SE OF DEATH (ITE	M 27) (Typ	e, Print)	54	60	Hou	100 H	1:11	C+.	/	

Acces

BALTIMORE, MARY

1	-	STATE	AR
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## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIF	ICATE (	OF DEATH		REG. NO.			
1. DECEDENT'S NAME (First, Middle, Las	st)					OF DEATH		3. TIME (	OF DEATH
Washal II De	and a Tax				MONT			EAR	7100 4.
Vachel H. Da					Ja		,1996		//U/I
4. SOCIAL SECURITY NUMBER	6. SEX 6. AG	E (In yrs. last birthday)	IF UNDER 1 YE	AR IF UNDER 24 HRS.	7. DATE	OF BIRTH h, Day, Year)	8.	BIRTHPLACE (St. Country)	ate or Foreign
217-05-8258	1 😡 M 2 🗌 F	72 YRS.	MONTHS DA	NYS PIOUNS BIN.		2-17	- 1		
Se. FACILITY NAME (If not institution, gh	e atmet and number)	16	ah CITY TO	WN OR LOCATION OF D		2-11	0- 00-11-1	Y OF DEATH	
SE. PACIEITY NAME (II NOT INSTITUTION, GR	e atreet and number)		98. CITT, 10	WN OH LOCATION OF D	EATH		9c. COUNTY	Y OF DEATH	
520 Hilton	Avenue		Cat	onsville			Bol.	timore	
RESIDENCE OF DECEDENT	ave and		ua.	TOUS VIII			- Dal	CIMOLE	
10a. STATE 10b. COU	NTY	10c. CIT	Y, TOWN OR L	OCATION				10d. INSI	DE CITY
								LIMI	
	altimore	C	atons	ville				1 L YES	S 2 NO
10e. STREET AND NUMBER				101. ZIP CODE			10g. CITIZE	N OF WHAT COU	NTRY?
520 Hilton	ATONNO Coto	marri 1 1 a	1// 2	21228			7.7	C7 A	
11. MARITAL STATUS	12. WAS DECEDENT EVER						U.	S. A.	
	FORCES? 1 YE			DECENDENT OF HISPA			or No- 14	Black, White, et	can Indian, tc.
1 Never Married 2 Married	IF YES, GIVE WAR OR			YES 2 NO Speci				Specify:	
3 Widowed 4 Divorced				N	/ A			Whit	•
15. DECEDENT'S E	DUCATION	16a, DECEDENT'S	LISHAL OCCU		_	. KIND OF BUS	INCOCUMDUS	The state of the s	<u>e</u>
(Specify only highest gr		(Give kind of v	work done durin	ng most of working	100	k KIND OF BUS	ME33/MDU3	int	
Elementary/Secondary (0-12)	College (1-4 or 5+)	Ine. Do NOT us	se retired.)						
N/A	N/A	Fnai	neer		C	lenn	T M.		
17. FATHER'S NAME (First, Middle, Last)	11/8	- CIDE	HEEL	18. MOTHER'S N			_		
				IS. MOTHER'S N	AME (F//31, .	WITCHS, MEIGEN	ourname)		
Vachel Davi	s. Sr.			Emer	na a	race	Schoo	otor	
19s, INFORMANT'S NAME (Type/Print)	7	19b, MAILING	ADDRESS (St	reet and Number or Rural					
Mrs. Kathryn	Davis	520	Hilto	n Ave -	Cato	nsvil	le. N	1d 27	228
20a. METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 R	-26-90 Iz	06. PLACE OF DISPOS		of cemetery, crematory or				y or Town, Stata	
1 Donation 6 Other (Specify)	emoval from State	other place)	and-	Nama di seri					
		oudon P		emetery		Bal	Timor	e. Md	
21. SIGNATURE OF FUNERAL SERVICE	LICENSEE			ME AND ADDRESS OF F					
			51	51 Balt:	lmor	e Nat	ional	LPike	
G. Truman	Schwah		Re	ltimore	MA	272	29		
23. PART I. Enter the diseases, I		ed the deeth. Do r	not enter the	mode of dving	ch as can	diac or ment	ratory arres	t. I An	proximata
shock, or heart fellu	re. List only one cause on	each line.		/		D. 100pii			erval Batween
IMMEDIATE CAUSE (Final	V . 1	1 1							set and Death
disesse or condition	NIL	ure Vin	an ml	man				1	Sugarth
resulting in deeth)	a. Dug	had but	rrupy	11100					Perso (A)
	DUE TO (OR/AS	A CONSEQUENCE D	F):						
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Sequentially list conditions,		S A CONSEQUENCE OF	F):						
if any, leading to immediata cause. Enter UNDERLYING			•					İ	
CAUSE (Disease or injury	¢								
that initiated events	DUE TO (OR AS	A CONSEQUENCE OF	F):						
resulting in death) LAST	5								
	d								
PART II. Other algnificant condit	iona contributing to death	but not regulation	In the under	riving cause given in	Part I	24s. WAS AN	ALITODRY	24h WEDE AIR	TOPSY FINDINGS
						PERFOR		AVAILABL	E PRIOR TO
						1 TYES 2	NO		ION DE CAUSE
							1	OF DEATH	/
						/		1 TYES	3 2 NO
									/
25. WAS CASE REFERRED TO MEDICAL				8. PLACE OF DEATH (C	heck only o	ne)			
EXAMINER?	HOSPITAL:		OTHER:						
1 YES 2 NO	1 - Inpatient 2 - ER/O	utpetient 3 🗆 DOA	4 - Nursing	Home 5 A Residence	6 🗆 Othe	er (Specify)			
27. MANNER OF DEATH	26a. DATE OF INJUR	Y 26b. TIM		c. INJURY AT	28d. DE	SCRIBE HOW II	NJURY OCCU	RED	
1 Natural 5 Pending	(Month, Day, Year	7 INJ	JURY M 1	WORK?	1				
2 Accident Investigation					-				
3 Suicide 6 Could not	be 28e. PLACE OF INJU building, etc. (S	RY — At home, farm,	street, factory,	office		CATION (Street a or Town, State)	and Number or	Rural Route Numb	ber,
4 Homicide detarmined					Unity	- rowit, otale)			
20- CENTIFIED						_			
29a. CERTIFIER 1 CERTIFYING PH	YSICIAN: To the best of my kn	owledge, death occurr	ed at the time,	, data and place, and du	a to the ca	use(a) and man	ner as stated		
0001	IINER: On the basis of examine								ner as etelad
			,, span	,	rw, wett		_ === 10 1110 1		/
296. SIGNATURE AND TITLE OF CERTI	FIER	A.s.		29c, LICENSE NO	JMBER		29d. DATE S	SIGNED (Monty: Q	(ay Year)
14/12/1/1	usery 1	MY		1110	8.	7-	D /	124/	900
1000 1000	/			210	ر م	/	/	01/1	10
30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUSE OF	DEATH (ITEM 27) (Type	Print)	1		1 11	140	, , , ,	
Paul	120m Les	400	1119	The stol	6	xits	· m	11 21	229
of page 50 50 de	100 00000		10010	. ( // "		,,,			
3f. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SI								
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by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as 15 burial-tra	١	
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BALTIMORE, MARYLAND 71203-3

ınsit permit. Pages 1, 2, 3 should

DIRECTOR

FUNERAL

BY

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2

27. MANNER OF DEATH

4 Homicide

hours after death. Page 6 may be retained by the hor executed within HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be this certificate has been signed by with the State Dept. of Health at shows any 23 0 marked, DIRECTOR: After the hours after death v 00 28

CERTIFICATION

MEDICAL

PHYSICIAN:

BY

COMPLETED

29 BE

FUNERAL within 72 h

TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: I

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

									13	90	01605
FOR STATE REGISTRAR	STATE OF N		D / DEPAR					MENTAL HYGIEN REG. NO.	E		
1. DECEDENT'S NAME (First, Middle, Level PATRICE EC	DER							2. DATE OF DEATH DATE OF DAT		YEAR	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 230 96 7128	6. SEX	6. AGE (In yrs	: lest birthday) YRS.	IF UNDER	DAYS	IF UNDER 24 HOURS	HRS.	7. DATE OF BIRTH (Month, Day, Year)	58	8. BIRTHI Country	PLACE (State or Foreign
98. FACILITY NAME (If not institution, give MERCY MEDIC RESIDENCE OF DECEDENT		TER		96. CITY,		Me L		ATH		LTIN	IORE
Md .	ŤΥ		10c. CIT	Wood							10d. INSIDE CITY LIMITS? 1 X YES 2 NO
6726 Longhill R	Rd.				101	21207	7			SA	HAT COUNTRY?
11. MARITAL STATUS  1 XNever Merried 2 Merried  3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2	NO	11	yes, sp		Maxica	IIC ORIGIN? (Specify Yearn, Puerto Ricen, etc.)	or No-	14. RACE Black Specifi B 1 c	- American Indian, , White, etc. y: a C K
15. DECEDENT'S ED (Specify only highest gra- Elementary/Secondary (0-12) 12th Grade			Give kind of life. Do NOT u	work done d	CUPATIO luring mo	ON at of working		186. KIND OF BUS			SS
17. FATHER'S NAME (First, Middle, Lest)  Jack Eld	ler					18. MOTHE		ME (First, Middle, Meiden mie Wya			
190. INFORMANT'S NAME (Typo/Print) Barbara Pembroke	9							alto., Md.		1207	
20e. METHOD OF DISPOSITION 1 XI Burial 2 Cremetion 3 Ra 4 Donation 5 Other (Specify)	moval from State	20b. PL. P 7 r	er place) 1 ey Gro	ove B	apt	. Ch.	cei	m. Law		evill	e, Va.
21. SIGNATURE OF FUNERAL SERVICE	Elmer J	)		22. M M 4	larc 300	h F/H Wabas	of FA	Ave.			
23. PART I. Enter the diseases, o ahook, or heart failure IMMEDIATE CAUSE (Finel disease or condition resulting in death)	a. ASUS	ise on each	line.		the mo	de of dying	g, auc	h as cardiac or respi	ratory a	rrest,	Approximate interval Between Onset and Death
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	Bran OUE TO C POSSI G	OR AS A CO	NSEQUENCE O	nn: h non	d	heme	11	hage - a	,	, ,	48*
that initiated events resulting in death) LAST									N	ending	

PART II. Other aignificant conditions contributing to death but not requiting in the underlying ceuse given in Part I. 24s. WAS AN AUTOPSY 1 YES 2 NO Dende 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) EXAMINER? OTHER:

HOSPITAL:
1 | Inpatient 2 | ER/Outpetient 3 | DOA 8 🗌 Residence 8 🗀 Other (Specify) 28a. DATE OF INJURY (Month, Day, Year) 28d. DESCRIBE HOW INJURY OCCURED 28b. TIME OF 28c. INJURY AT WORK? Death not 2° te

1 Natural 5 Pending Investigation 1 YES 2 NO 2 Accident 3 Suicide

281. LOCATION (Street and Number or Rural Acute Number, City or Town, Stete) 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)

29e. CERTIFIER
(Chack ank)

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(e) and manner as stated. 2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(a) and manner as stated.

S GNATURE AND TITLE OF CERTIFIER		29c. LICENSE NUMBER	29d. DATE SIGNED (Month, Day, Year)
N. Wholdles week My	Surgical House office		1-21-90
11 1111000000 10 11 0 100	so dical House time		

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

1500 HOLLING ST WILLIAM BALTIMORE MD MIDDLESWORDH

31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE 2JAN 2 5 1990

1 dia

DHMH-18 Rev 1/89

24b. WERE AUTOPSY FINDINGS

1 YES 2 NO

AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

6

1. DECEDENT'S NAME (First, Middle, Las		CEI	1111-1	CATE O	DEAT	Н	REG			
Grace	Holden Eh	art		-			2. DATE OF DEA MONTH	21	90	1708
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last bit		F UNDER 1 YEAR		24 HRS.	7. DATE OF BIRT (Month, Day, Ye	ar)	8. BIRTH Country	PLACE (State or Foreign
046-46-0861	1 M 2 X F	80	YRS.	1200			8/21/0			MD
9a. FACILITY NAME (If not institution, give	e street and number)			9b. CITY, TOWI	OR LOCATIO	ON OF DE	ATH	9c. GOI	UNTY OF D	EATH
PENINSULA GENER	AL HOSPITA	\L		SAI	ISBUR	Y, M	ARYLAND		WICO	MICO
10e, STATE 10b. COUN	VTY	1	10c. CITY	, TOWN OR LO	ATION					10d. INSIDE CITY
MD	Worcester		В	erlin						LIMITS?
10e. STREET AND NUMBER		•			of. ZIP CODE			10g. CI	TIZEN OF W	HAT COUNTRY?
318 Bay St.					218	11			U	SA
11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 IF YES, GIVE W		D	If yes,		n, Mexicar	IC ORIGIN? (Speci n, Puerto Rican, et :		Bleck	- American Indian, White, etc.
15. DECEDENT'S EI (Specify only highest gra	DUCATION	16s. DECE	DENT'S	USUAL OCCUPA	TION		16b. KIND 0	F BUSINESS/IN	DUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5 +	Min De	o NOT use	e retired.)	nost or workers	9				
12 yrs.	5 yrs.	Te	ache	er			Ed	ucation	n	
17. FATHER'S NAME (First, Middle, Last)	1						ME (First, Middle, M	laiden Surname)		
John S. Hol	.den				_		Warren			
198. INFORMANT'S NAME (Type/Print) Rev. Dr. Edward	II Ebana	19b. N		B Bay S			loute Number, City		(ip Code)	
20a. METHOD OF DISPOSITION	H. Enart	Took PLACE OF	_					21811		
1 Donation 3 Dotter (Specify)	amoval from Statu	29b. PLACE OF other place,	1	ape Her	-	atory or	20	E LOCATION -		d, DE
21. SIGNATURE OF PUNGAL SERVICE	LICENSEE				AND ADDRES	S OF FAC	CILITY D 1			
* N. Sick !-	Bustan						108	willia	ms S	
	DUE TO	OR AS A CONSEQUE	ENCE OF	y: O		1 0	1	0		10
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	b. DUE TO	OR AS A CONSEQUE	ENCE OF	0/	Voc	22	Den		6	Ng
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions to the condition of the condition of the condition of the cause of the caus	d.			n tha underly	ing cause g		1 Q Y	AS AN AUTOPS) REFORMED? ES 2 NO	7 24b	WERE AUTOPSY FINDIN ARAILABLE PRIOR TO COMPLETION OF CAUSI OF DEATH?  1 YES 2 NO
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	d.		sulting I	n the underly	PLACE OF DE	EATH (Che	PI 1 🗆 Y	ERFORMED?	7 24b	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions to the condition of the condition of the condition of the condition of the condition of the cause of	d. lons contributing to HOSPITAL: 10 Inpetient 2 28a. DATE OF (Month, D.	death but not res	sulting I	on the underly  26.  OTHER: 4   Nursing H E OF 28c.  URY	PLACE OF DE	EATH (Che	1 Q Y	ERFORMED? ES 2 NO	1	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions of the condition of the condition of the condition of the condition of the condition of the cause of	HOSPITAL: 1 Mostlent 2  28s. DATE OF (Month, D)  28s. PLACE O building,	death but not res	DOA DOA	on the underly  26.  OTHER: 4   Nursing H  E OF URY M   1 [	PLACE OF DI ome 5 Re NJURY AT VORK?	EATH (Che	Pi 1 V	ES 2 NO-	CCURED	AAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?  1 YES 2 - NO
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions are supported by the condition of the conditio	HOSPITAL:  18 Mpetient 2  28a. DATE OF (Month, Do building, VSICIAN: To the best of a)	ER/Outpatient 3   2   2   2   2   2   2   2   2   2	DOA DOA INJU	26. OTHER: 4   Nursing H E OF URY M 1 [ intreet, factory, of	PLACE OF DI  DOME 5 Re  NJURY AT  WORK?  YES 2  Itics  Itics  Itics  Reach occur	EATH (Chesidence	Pi 1 V Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	PES 2 NO-  NO-  NO-  NO-  NO-  NO-  NO-  NO-	CCURED  oer or Rural II  tisted.	AMILABLE PRIOR TO COMPLETION OF CAUSI OF DEATH?  1 YES 2 - NOTE OF THE PRIOR TO COMPLETION OF CAUSI OF DEATH?
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions are significant conditions. The significant conditions are significant conditions are significant conditions. The significant conditions are significant conditions are significant conditions. The significant conditions are significant conditions are significant conditions. The significant conditions are significant conditions are significant conditions. The significant conditions are significant conditions are significant conditions. The significant conditions are significant conditions are significant conditions. The significant conditions are significant conditions are significant conditions are significant conditions. The significant conditions are significant conditions are significant conditions are significant conditions. The significant conditions are significant conditions are significant conditions are significant co	HOSPITAL:  18 Impellent 2  28a. DATE OF (Month, D. Date Of (Month, D. Date Of (Month))  28b. PLACE Of building,	Description 3   ER/Outpatient 3   INJURY   2   2   2   2   2   2   2   2   2	DOA DOA IME INJU	or the underly  26.  OTHER: 4   Nursing H  E OF  URY M  1    Urreat, factory, of  ad at the time, d  n, in my opinior	PLACE OF DID  PL	EATH (Che reidence NO NO NO NO NO NO NO NO NO NO NO NO NO	Pi 1 V Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	PERFORMED?  ES 2 NO  NO  NO  NO  NO  NO  NO  NO  NO  NO	CCURED  oer or Rural II  tisted.	AAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?  1 YES 2 - NOT NOT NOT NOT NOT NOT NOT NOT NOT NOT

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Education and Education WAS

1 - STATE REGISTRAR	STATE OF MARY	LAND / DEPARTI				YGIENE EG. NO.	30	UIOU
1. DECEDENT'S NAME (First, Middle	LAST CARRIE GARN	ETTGar	Nell		2. DATE OF I	DAY DAY	VEAR	OF DEATH
4. SOCIAL SECURITY NUMBER			IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF E		8. BIRTHPLACE (Str. Country)	ate or Foreign
579 88 6375	1 🗆 M 2 🂢 F	82 YRS.	ONTHS DAYS		AUG 2	, 1907	Carolina	Co., VA
GROSVENOR NURS	ING HOME		BETHESD	R LOCATION OF DI	EATH		ITGOMERY	
10a. STATE 10b. (	COUNTY	10c. CITY,	TOWN OR LOCAT	ION			10d. INSI	DE CITY
NA :	NA	WASH	INGTON,	D.C.			1 X YES	TS? S 2 NO
10s. STREET AND NUMBER	Assassa N. D			ZIP CODE			TIZEN OF WHAT COU	
249 Tennessee	12. WAS DECEDENT EVER	IN U.S. ARMED		0002 ENDENT OF HISPA	NIC ORIGIN? (S		TED STATE	
1 Never Married 2 Marrie 3 Widowed 4 Divorced	EDDOCEDO 4 1 VE	S 2 NO	If yes, spe	2 NO Specif	en, Puerto Ricar		14. RACE — Americ Black, White, et Specify: Black	ic.
15. DECEDENT (Specify only highes	'S EDUCATION st grade completed)	16e. DECEDENT'S US (Give kind of wor	rk done during mo-	N st of working	16b. KIN	D OF BUSINESS/IN	DUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)	Housewif	,		но	me		
17. FATHER'S NAME (First, Middle, L	est)	nousewil.		16. MOTHER'S NA		e, Maiden Surname)		0
KENWOOD MASON				MARTHA	WRIGHT	201-11232-01		/
19a. INFORMANT'S NAME (Type/Pric				nd Number or Rural	Route Number, C	City or Town, State, 2		
MARY CARTER	FRIEND				3 Was		D.C. 200	003
20a. METHOD OF DISPOSITION  1 St Buriel 2 Cremation 3 [ 4 Donation 6 Other (Specific	Removal from State	other place)  I TAICOT NI MI					- City or Town, State	
21. SIGNATURE OF FUNERAL SERV		LINCOLN M		D ADDRESS OF FA		SULILAN	D, MARYLA	AND
· Alex	S. Pope	₩8.	2617	Pennsy1	vania	FUNERAL Avenue,S	E DC 2002	20
23. PART I. Enter the disesse ahock, or heart for	es, or complications that caus ollure. List only one ceuse on	ed the desth. Do not each line.	t anter the mo	de of dylng, suc	ch as cardisc	or respiratory a		proximate erval Between
IMMEDIATE CAUSE (Final disease or condition	\ 1	cremio					On	set and Death
resulting in death)	DUE TO (OR AS	A CONSEQUENCE OF):						
	C a C	accino	oma	08	731	rabber		
Sequentially flat conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS	A CONSEQUENCE OF):						
CAUSE (Disease or injury	cDUE TO (OR AS	A CONSEQUENCE OF):						
resulting in death) LAST	that hithered availts							
PART II Other algolficant co.	nditions contributing to death	but not resulting in	the underlying	anua aluan la	Don't I no	. WAS AN AUTOPSY	Tash WERE AIR	TOPSY FINDINGS
<u> </u>	Total Contributing to agent	but not reducing in	the underlying	cause given in		PERFORMED?	AWAILABL	E PRIOR TO
				74	_   ''	YES 2 NO	OF DEATH	f? 3 2 □ NO
					_			
25. WAS CASE REFERRED TO MED	HOSPITAL:		26. PL	ACE OF DEATH (C	heck only one)			
1 TYES 2 THO	1  Inpetient 2 ER/O	utpatient 3 DOA 4	Nursing Hom	e 5 🗆 Rasidence				
27. MANNER OF DEATH  1 Natural 5 Pendin 2 Accident Investig			RY WC	URY AT RK? /ES 2 NO	26d. DESCRI	BE HOW INJURY O	CCURED	
3 Suicide S Could 4 Homicide detarm	not be building, etc. (S	RY — At home, ferm, str pecify)	reet, factory, offic	•		ON (Street and Numb own, State)	er or Rurel Route Numb	per,
anel	PHYSICIAN: To the best of my kn							iner an atated.
29b. SIGNATURE AND TITLE OF CI	MULTER			29c. LICENSE NU	MBER		TE SIGNED (Month, De	
Dohn,	D grand	mo		80X	246		1-16-6	70
30. NAME AND ADDRESS OF PERS	ON WHO COMPLETED CAUSE OF			CONSI	v a	DR 73	et has do	- me
JAN 2 5	32. REGISTRAR'S SI		20					
UNIT 4 0/	770 Chiles Treas	The same						

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with the country of the state of the st BALTIMORE, N DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

iched for use as the burial-transit permit, Pages 1, 2, 3 should

hospital or attending physician. ND 21203-3146

TO BE COMPLETED BY FUNERAL DIRECTOR

DHMH-1S Rev 1/89

JUPE-SEE - 유민지도인

DHMH-16 Rev 1/89

BALTIMORE, MADYLAND 21203-3146	24 hours after death. Page 6 may be re sined by the inspital or attending physici	filled in by the funeral director, page 5 hould be retained for use as the burial- ton, or removal.	the medical examiner must be notify a starte.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2- nours after death. Page 6 may be inclined by the inspiral or attending physici	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 hours be leadned for use as the burlat-be filed within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burlat, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notify 4 attc.

	1 - FOR STATE REGISTRAR	STATE OF MARY		RTMENT OF I			GIENE 3. NO.	0.000	
	1. DECEDENT'S NAME (First, Middle, Legt) Micha	el N. Gre	enspaan			2. DATE OF DE	ATH DAY	ZEAR 12:15 P. M	
TOR	213-03-4633	5. SEX  6. AGE (In yrs. lest birthde		MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIR (Month, Day,	TH 8.	8. BIRTHPLACE (State or Foreign Country)	
	92. FACILITY NAME (It or Ansitration give though ghd number) Washington Adventist Hospital RESIDENCE OF DECEMENT				Takoma Park  Sc. COUNTY OF DEATH  Montgomery				
DIRECTOR	Maryland Washington		10c. CI	10e. CITY, TOWN OR LOCATION Hancock				10d. INSIDE CITY LIMITS?  XXXVES 2 \( \square\) NO	
FUNERAL	100. STREET AND NUMBER 248 West Main Street			101. ZIP CODE 21750			10g. CITIZE	S. A.	
ВУ	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced  12. WAS DECEDENT EVER IN U.S. ARI FORCES? 1 7/ES 2 N IF YES, GIVE WAY OR DATES			AED  13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Y if yes, specify Cuban, Maxican, Puarto Rican, atc.)  1  YES XXX O Specify:					
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  16a. OECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working  16b. KIND OF BUSINESS/INDUSTRY  (Give kind of work done during most of working  16b. KIND OF BUSINESS/INDUSTRY  Washington County Court							STRY	
	17. FATHER'S NAME (First, Middle, Lest)  Morris Greenspoon				18. MOTHER'S NAME (First, Middle, Melden Surneme) Elizabeth Freedman			10036	
TO BE	19a. INFORMANT'S NAME (Type/Print) 19b. MAI			G ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)				-	
	Gertrude N. Gred 20. METHOD OF DISPOSITION WE BUILD 2 Cremetion 3 Ren		other place)	OSITION (Name of ce	metery, crematory or	The second secon	chase, Ma	ryland 20815 y or Town, State	
	4 Donation 8 Other (Specify) Mount Lebanon Adelphi, Maryland  21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY								
	> Donald.		ien	DONAL1 232 CA	M. STE ARROLL S	IN HEB. TREET, N	.W., WASI	FUNERAL HOME HINGTON, D. C.	
	23. PART I. Enter the diseases, or shock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Coron	each lina.	arten	Descri	ch ea cerdiac o	r respiratory arres	Approximate interval Batween Onset and Daath	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  Myrended Jofands  18 9R5.  18 9R5.  4 4 77.5.  OUE TO (OR AS A CONSEQUENCE OF):  C. OUE TO (OR AS A CONSEQUENCE OF):  T. T. A.L. REZURG (TATION)								
CER		d. MIT	RAL						
PHYSICIAN: MEDICAL	PART II. Other algoriticant conditions contributing to death but not resulting in the underlying cause of CORONARY BYPASS SURCERCY			g cause given is	PERFORMED?  1 YES 2 NO COMPLETION OF CAI OF DEATH?		24b, WERE AUTOPBY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO		
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  HOSPITAL:  OTHER:								
HYSI	1 YES 2 NO Inpetient 2 ER/Outpetient 3 DOA 4 Nursing Home 8 Residence 8 Other (Specify)  27. MANNER OF DEATH  28s. DATE OF INJURY  28b. TIME OF 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED								
ВУ	1 Netural 5 Pending Investigation 2 Accident Investigation 2 See PLACE OF INJURY — At home, farm, street, factory, office					281. LOCATION (Street and Number or Rural Route Number,			
ETED	4 Homicide determined building, atc. (Specify)  City or Town, State)								
COMPLETED	29s. CERTIFIER (Check only  CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.  One)  2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.								
BE	29b. SIGNATURE AND TITLE OF CERTIFIER  29c. LICENSE NUMBER  29d. DATE SIGNED (MON)					BIGNED (Month, Day, Year)			
10	JAMES A. ROVAN DTC, M.D. 7600 COTCROLL AVE. TAKONA BK, MD.								
	31. DATE FILED (Month, Day, Year)  32. REGISTRAR'S SIGNATURE								

south and it persons

DHMH-16 Rev 1/89

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BALIIMOHE,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with	TO THE PUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page be filed within 72 hours after death with the State Dept. of Health and Mental Hypiene prior to burlal, cremation, or removal.	IMPORTANT: If item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	the contract	TO THE PUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the it is filed within 72 hours after death with the State Dept. of Health and Mental Hypiene prior to burlal, cremation, or removal.	0
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FOR 1 - STATE REGISTRAR	STATE OF MAR		MENT OF HEALTH AND	MENTAL HYGIEN	E			
1. DECEDENT'S NAME (First, Middle, I	A31)	Goldhe	ra	2. DATE OF DEATH DATE OF DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE	- 00	3. TIME OF DEATH		
4. SOCIAL SECURITY NUMBER 058 - 03 - 3415	5. SEX 1  M 2  A	AGE (In yrs. lest birthday)	F UNDER YEAR IF UNDER 24 HR	7. DATE OF BIRTH	8. BIR Cou	THPLACE (State or Foreign ntry)  RUSSIA		
	96. FACILITY NAME (II not institution, give street and number)  96. CITY, TOWN OR LOCATION OF DEATH  96. COUNTY OF DE  MONT							
					10d. INSIDE CITY LIMITS? 1 YES 2 NO			
10e. STREET AND NUMBER	101. ZIP CODE					WHAT COUNTRY?		
14508 HOMECRE  11. MARITAL STATUS  1   Never Merried	ver Merried 2 Merried FORCES? 1 VES 2 V NO If y			2 0 9 0 6  U. S. A.  AS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— yea, specify Cuben, Mexican, Puerto Rican, etc.)  U. S. A.  14. RACE — Amer Black, White, or Specify:  Specify:				
15. DECEDENT'S						ucasian		
28 17. FATHER'S NAME (First, Middle, Las UNKNOWN	STOLLER	NOME	18. MOTHER'S NAME (First, Middle, Mak					
190. INFORMANT'S NAME (Type/Print) MARILYN MOSKO	WITZ	11600		R. SILVER	ER SPRING, MD. 20902			
20e. METHOD OF DISPOSITION 1 X Burlel 2 Cremation 3 C 4 Donation 8 Other (Specify)	74=744	other place)	ION (Name of cometery, cremetory EMORIAL GAR	DENS OLM	TEY, MA			
21. SIGNATURE OF FUNERAL SERVICE	CE LICENSEE	90	IVES-PEARS ARLINGTON,	ON FUNERAL	22201			
IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	bDUE TO (OR	AS A CONSEQUENCE OF):	MYELOMA			Onset and Death		
PART II. Other algorificant cond	ditions contributing to de	eth but not resulting in	the underlying cause giver	1 In Part I. 24a. WAS AN PERFO	RMED?	4b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
25. WAS CASE REFERRED TO MEDIC EXAMINER?			26. PLACE OF DEATH	(Check only one)				
1 U YES 2 NO 27. MANNER OF DEATH	28a. DATE OF INJ (Month, Day,	R/Outpetient 3 DOA 4	OTHER: ON Nursing Home 8 Resides OF 28c. INJURY AT WORK?	nce 8 Other (Specify) 28d. DE\$CRIBE HOW	INJURY OCCURED			
2 Accident investiga	28e. PLACE OF III	URY — At home, farm, street, factory, office Specify)		281. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
290. CERTIFIER 1 CERTIFYING	PHYSICIAN: To the best of my		at the time, date and place, end in my opinion, death occured a			e(e) and manner ee stated.		
29th SIGNATURE AND TITLE OF OSE	unel M	OF DEATH (ITEM 27) (Type, F	29c. LICENSE DO 8	NUMBER PG 44 FAMRAGE	29d. DATE SIGN	ED (Month, Day, Year)		
JAN 2 5 189	32. REGISTRAN'S	S SIGNATURE /	KENSIN	G. TON MO-	-2089			

5	9	eclan	E
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Prouns after death, Page 6 in	TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral direction of the state of the	be fined when it incurs are used what he state begin, or negating an enter traumatic event, the medical examiner man
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DISION OF WINE PECCHOS, 1.0. DOX 10149,	heate	physical physical	er t
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	OR A	DIREC	tem .
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	4SOH	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the	ANT
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	2	2	N N

REGISTRAR		CE	ERTIF	ICATE	OF I	DEAT	Ή		REG. NO	),		X.
1. DECEDENT'S NAME (First, Middle, L.  Joh	•	Hoffman	. Sr.					2. DATE MONT	OF DEATH	24	YEAR 90	7:30 A
4. SOCIAL SECURITY NUMBER	6. SEX	6. AGE (In yrs. les		IF UNDER	1 YEAR	IF UNDER 2	24 HRS.		OF BIRTH	<u>-</u> 7	6. BIRTNE	PLACE (State or Foreign
218-28-0899	1 □XM 2 □ F	57	YRS.	MONTHS	DAYS	HOURS	MIN.	(Mont	h, Day, Year)	2	Country	yland
9a. FACILITY NAME (If not institution, g	ve street and number)			9b. CITY,	TOWN OR	LOCATIO	N OF DE		.72073		INTY OF DE	
3400 Offutt Roa	đ			Ran	da11	stow	n			Ba	ltimo	re
RESIDENCE OF DECEDENT							**			Du.		
Ton. STATE 10b. CO				Y, TOWN O								10d. INSIDE CITY LIMITS?
	imore.		Ra	inda1								1 TES 2 NO
10e. STREET AND NUMBER					10f. 2	IP CODE				10g. CIT		HAT COUNTRY?
3400 Offutt				v		211:						.S.A.
11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 IF YES, GIVE W Navv 1	EVER IN U.S. AR  □XYES 2 □ P  AR OR DATES  950-1954	10	l H	WAS DECEI 1 yes, spec YES 2	Ify Cuben	, Mexica	n, Puerto	N? (Specify Ye Ricen, etc.)	e or No—	Specify	— American Indian, White, atc.
15. DECEDENT'S			CEDENT'S	USUAL OC	CUPATION			168	. KIND OF BU	ISINESS/IN		astall.
(Specify only highest of Elementary/Secondary (0-12)	rade completed)  College (1-4 or 5 +	(G	ive kind of v Do NOT us	work done d			g					
ciementary/secondary (0-12)	AA Degree		alto.	Com	ntsr 1	dire-	man	R	attali	on C	hief	
17. FATNER'S NAME (First, Middle, Last		Da	<u> </u>	COU					Middle, Meider		11151	
John Bernard Ho	offman								ne Ya			
19a. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRESS	(Street and				ber, City or Tox		p Code)	
Virginia Marie	Hoffman								stown			
20s. METHOD OF DISPOSITION		20b. PLACE	OF DISPOS						20c, L	OCATION -	- City or Tov	vn, State
1 Donation 5 Other (Specify)		other pl	idon,	Park	Cen	eter	٠v		72.	alto	Md	21228
21. SIGNATURE OF FUNERAL SERVICE		, 200		22. 1	NAME AND	ADDRES	S UF FA	CILITY C	300 9	· Carres	75	
»// -10	70. K 11	1		Lo	ring	Вуе	ers.	Fune	ral Di	rect	ors, I	NC. D 21133-47
Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	Amyo	Respira OR AS A CONSE OT OP AS A CONSE	OUENCE OF	eral		eros	is (	5/87	')			8 years
that initiated events resulting in death) LAST	d	OR AS A CONSE	OUENCE O	F):								
PART II. Other eignificent cond	tions contributing to	deeth but not	resulting	in the un	derlying	csuse g	given in	Part I.	24s, WAS A PERFO 1XXYES	RMED?	7 24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES XX NO
25. WAS CASE REFERRED TO MEDICA						CE OF DI	EATH (Ch	eck only o	ne)			
1 YES 2 X NO	HOSPITAL:	ER/Outpatient	DOA	OTHER 4 Num		S X Re	sidence	8 🗆 Oth	er (Specify)			
27. MANNER OF DEATN  1 Antural 5 Pending 2 Accident Investigat	28e. DATE OF (Month, D		28b. TIM		28c, INJU WOF	RY AT			SCRIBE HOW	INJURY O	CCURED	
3 Suicide 8 Could no determine	building,	F INJURY — A1 ho atc. (Specify)	ome, farm,	street, fact	ory, office			28f. LO C/ty	CATION (Street or Yown, Stet	t end Numb	er or Rural F	oute Number,
1 1	NYSICIAN: To the best of MINER: On the basis of a											) and manner as ataled.
296. SHONATURE AND TITLE OF CERT	Kunc	2_				29c. LICE		MBER 56	46		124/	(Month, Day, Year)
Ralph W. Kunc	1 MD Johns	Hopkins	, , , , ,		l Mey	er5	<b>-11</b> 9	600	N. W	olfe	St Ba	alto., MD
JAN25 1990		R'S SIGNATURE										

MARYLAND 21203-3146

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within schours after of TO THE FUNEFAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the be filled within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: It less 28 is marked, or Item 23 shows any Injury, or other traumatic event. The medical as

2

Rodrigo Diaz
31. DATE FILED (MONTH, Day, Year)
JAN 25 1990

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	1 - STATE REGISTRAR		STATE OF	MARYLAND				HEALTH DEAT		MENTA	L HYGIEN				
	1. DECEDENT'S NAME (Firs	t, Middle, Last)								2. DATE	OF OEATH	AM	YEAR	3. TIME OF D	EATH
	E	velyn	Hill								uary 2	21	1990	4:45	A
	4. SOCIAL SECURITY NUM 213-01-497		5. SEX 1 M 2 F	8. AGE (In yrs. I	last birthday) YRS.	IF UNDE MONTHS	DAYS	HOURS	24 HRS. MIN.	7. DATE	OF BIRTH		8. BIRTH	PLACE (State of	or Foreign
OR	Marylan			ital_				OR LOCATIO				9c. COU	NTY OF D	EATH	
[	RESIDENCE OF DE	10b. COUNTY			10c. CI	ry, TOWN							1	10d. INSIDE	PITY
DIRECTOR	Md.	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				lto.								LIMITS?	
.¥.	10e. STREET AND NUMBER						10	of. ZIP CODE						YHAT COUNTR	Y?
Ä	2915 Winds	or Ave						212	15			US	A		
BY FUNERAL	11. MARITAL STATUS  1 Never Married 2   3 Widowed 4 Div		12. WAS DECEDED FORCES? IF YES, GIVE	NT EVER IN U.S. A 1 YES 2 WAR OR DATES	NO	13.	If yes, s	CENDENT OF POCIFY Cuber S 2 NO	n, Mexican	, Puerto	I? (Specify Yea Ricen, etc.)	or No—	Black	- American c, White, etc. fy: ack	Indian,
0		CEDENT'S EOUC		16e. t	DECEDENT'S	USUAL C	CCUPAT	ION		16b	KIND OF BU	SINESS/IN	DUSTRY		
COMPLETED	Elementary/Secondary (	7	College (1-4 or 5	Machi				nost of worldn	0		J.L. (	Clark			
O	17. FATHER'S NAME (First, I	Widdle, Last)		1100111	0	01 41		18. MOTH	ER'S NAM		Middle, Meiden				
E C	James	Hill							Lott			lohns	on		
0	19a. INFORMANT'S NAME				19b. MAILIN	ADDRES	S (Street				ber, City or Tow	9 0 111110	011		
은	Marie Wigg				5006	Corl	ey	Rd., 1	Balt	0.,	Md.	2121			
	20e. METHOD OF DISPOSI 1 Burlel 2 Cremet	TION Ion 3 - Remo	oval from State	20b. PLAC		SITION /N	ame of c	amelary cram			20c, LO	cation —			
	4 Donation 5 Other		Chock .	'	retro	1000		AND ADDRES			D	altill	ore,	Mu	
	> Jein	/\	- Dhur	upper	Te			h F/H		st	nue				
	23. PART I Enter the allock, or I iMMEDIATE CAUSE (Fi disease or condition resulting in death)	haart follure. L	List only one ca	et caused the cuse on each ild	na. V Arr	est	r the m					iratory sr	rest,		kimsta ti Betweer snd Dsati
CERTIFICATION	Sequentially list condi if arry, leading to imm cause. Enter UNDERLY CAUSE (Disease or Inj that initiated events resulting in death) LAI	ediste /ING ury	Gastr	osis OGRASA CONS COINTEST OGRASA CONS	inal	Obst	ruc	tion							
MEDICAL	PART II. Other signific	ant condition	e contributing to	desth but no	t resulting	in the u	nderlyl	ng cause g	iven in i	Part I.	24a, WAS AN PERFO	RMED?	24b	WERE AUTOPS AMILABLE PE COMPLETION OF DEATH?	OF CAUSE
PHYSICIAN:	25. WAS CASE REFERRED EXAMINER?	TO MEDICAL	HOSPITAL:				_	PLACE OF DI	EATH (Che	ek only o	10)				
SI	1 TYES 2 NO		1 Inputient 2	☐ ER/Outpatient	3 🗆 DOA	4 N		me 5 🗆 Re	eldence	6 🗆 Othe	r (Specify)				
ВУ РН	27. MANNER OF DEATH  1 Netural 5 2 Accident	Pending Investigation	28a. DATE O (Month,	F INJURY Day, Year)	26b. TII	ME OF UURY M	W	YES 2	NO NO	28d. DE	CRIBE HOW	INJURY OC	CURED		
ETED B	2 Distributes -	Could not be determined	28e. PLACE building	OF INJURY — At I, etc. (Specify)	home, farm,	street, fe	ctory, off	ice		261. LOC City	ATION (Street or Town, State	and Numbe )	r or Rural i	Route Number,	
COMPLE	enel		CIAN: To the best of											a) and manner	se stated.
	29b. SIGNATURE AND TUTA	E OF CENTURE	11					29c, LICE	NSE NUM	BER		29d. DAT	E SIGNED	(Month, Day, 1	bar)
O BE	K	100	50.						NI	A		•	121	190	

C70 Maryland General Hospital

O COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

2. REGISTBAR'S SIGNATURE

9 21203-3146

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D.	fter	eath	E
ALL TOTAL THE LAW INCHARGE THE THE COMPANY OF THE PROPERTY OF	ECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 shuild	p Ja	n 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified
2 2	E	aff.	28
4.	Щ	2	-

JULIA C. GOODIN,MD

32, REGISTRAR'S SIGNATURE

Law down And Color

JAN 2 5 1990

1. DECEDENT'S NAME (First, Middle, Last)			-			EATH	2. DATE (	OF DEATH			3, TIME OF DEATH
	tha		J.	Ha	ilst	tork	MONTH			YEAR	4:28PM
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In	yrs. last birthday)	IF UNDER 1 YE	AR II	F UNDER 24 HRS.	7. DATE C	OF BIRTH			HPLACE (State or Foreign
238-32-0027	1 🗆 M 2 🕡 F	76	YRS.	MONTHS DA	WB H	OURS MIN.		Day, Year)	913	Count	th Carolin
9a. FACILITY NAME (If not institution, give	street and number)	/0		9b. CITY, TO	WN OR L	LOCATION OF DI	IMaly EATH	14, 1	9c. COUN		
11 W. 20th Stre	et			Balt	imo	re City	,				
RESIDENCE OF DECEDENT											
10a. STATE 10b. COUN	ľ¥		10c. CF	TY, TOWN OR L	OCATION	ч					10d. INSIDE CITY LIMITS?
Maryland			Bo	ultimo!							1 YES 2 NO
10e. STREET AND NUMBER					10f. ZI	P CODE			10g. CITIZ	EN OF	WHAT COUNTRY?
11 W. 20th St.						2121	8			USA	1
11. MARITAL STATUS	12. WAS DECEDEN FORCES? 1					DENT OF HISPAI by Cuban, Mexica			or No-	14. RAC Blac	E — American Indian, k, White, etc.
1 Never Married 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE Y	AR OR DAT	ESX			NO Specif				Spec	
^	I	1.	A- DECEDENTY	I LIGHTAL OCCU	DATAGAL		405	VIND OF BUILD	1	IOTEN	Black
15. DECEDENT'S ED (Specify only highest grad	ie completed)		(Give kind of life. Do NOT u	work done durin	g most o	of working	100.	KIND OF BUS	SINESS/INUC	JSINT	
Elementary/Secondary (0-12)	College (1-4 or 5	⊦)								,	
17. FATHER'S NAME (First, Middle, Last)			House	reeper	1 4	8. MOTHER'S NA	ME /Girot A/		Summer	C	
George Kea  190. INFORMANT'S NAME (Type/Print)			10h MAILIN	G ADDRESS (S	met and	Number or Rural		Marsha		Code	
Tuma Ray Marsha	0 0								_	0000/	
20m. METHOD OF DISPOSITION	1	20b. I	PLACE OF DISPO			<u>Curri</u>	- NC		CATION — C	lity or T	own. State
1 Burial 2 Cremation 3 Red 4 Donation 5 Other (Specify)	movat from State		other place)							•	
21, SIGNATURE OF FUNERAL SERVICE L	JCENSEE A		cane	tuck Ce	ME AND	ADDRESS OF FA	CILITY	Lu	rie.	NC	
	1101	1		ROL	BERT	C. ALT	<b>TENBU</b>	RG FUN	IERAL	HOM	ME, INC.
151 Glery	2 alle	the -	2	600	19 H	arkord	Rd.	Balti	mrae	MI.	21214
23. BART I. Enter the diseases, or shock, or heart fallure	compilcations the	t caused	ne death. Do	not enter the	e mode	of dying, suc	ch as card	liac or reapi	iratory arre	eat,	Approximate interval Batwe
IMMEDIATE CAUSE (Final											Onset and De
disease or condition resulting in death)	Arteri	oscle	rotic o	cardiov	asc	ular di	iseas	e and	Chron	nic	Alcoholism
			CONSEQUENCE					•			
Sequentially list conditions,	b										
if any, leading to immediate	DUE TO	(OR AS A C	CONSEQUENCE	OF):							
cause. Entar UNDERLYING CAUSE (Disease or injury	C.	100 10 1	- CONSTRUCT	05.							_
that initiated events	DUE 10	(OH AS A C	CONSEQUENCE	OF):							j
resuiting in death) LAST	d										
resulting in death) LAST										24	b. WERE AUTOPSY FINDIN
PART II. Other algnificant condition	ona contributing to	daeth bu	t not reaulting	j in tha unde	rlying o	cause given in	Part I.	24a. WAS AN			
	one contributing to	death bu	t not reaulting	j in tha unde	rlying o	cause given in		PERFOR	RMED?	1	AVAILABLE PRIOR TO COMPLETION OF CAUSE
	one contributing to	death bu	t not resulting	in tha unde	rlying c	cause given in			RMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
	one contributing to	daeth bu	t not reaulting	j in tha unde	rlying o	cause given in		PERFOR	RMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
PART II. Other significant conditions are selected to Medical.		daeth bu	t not resulting			Cause given in		PERFOR	RMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PART II. Other algnificant condition	HOSPITAL:			OTHER:	28. PLAC		heck only on	PERFOR	RMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PART II. Other eignificant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL: 1   Inpetient 2   28a. DATE O	ER/Outpe	tlent 3 DOA	OTHER: 4   Nursin	28. PLAC g Home	CE OF DEATH (C	heck only on	PERFOR	RMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PART II. Other eignificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  *** NO ** NO ** NO *** NO *** NO *** NO *** NO *** NO *** NO *** NO *** NO *** NO *** NO *** NO *** NO *** NO *** NO *** NO *** NO *** NO *** N	HOSPITAL: 1   Impatient 2   26a. DATE Of (Morth, i	ER/Outpe	tlent 3 DOA	OTHER: 4   Numin	28. PLAC g Home c. INJUR WORK	CE OF DEATH (C	heck only on	PERFOR	RMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PART II. Other eignificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL: 1 Inpatient 2 28a. DATE Of (Month, i	ER/Outper	tilent 3 DOA	OTHER: 4   Nursing ME OF NJURY M	28. PLAC g Home cc. INJUR WORK 1 — YES	CE OF DEATH (C	heck only on 6 Other 28d. DES	PERFORMAN PERFOR	RMED?	CURED	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
25. WAS CASE REFERRED TO MEDICAL EXAMINER?    XXX PES 2   NO   NANNER OF DEATH   Wilder   Pending Investigation	HOSPITAL: 1 Inpatient 2 28a. DATE Of (Month, i	ER/Outpa	tilent 3 DOA	OTHER: 4   Nursing ME OF NJURY M	28. PLAC g Home cc. INJUR WORK 1 — YES	CE OF DEATH (C	heck only on 6 Other 28d. DES	PERFORM 1999 1999 1999 1999 1999 1999 1999 19	RMED?	CURED	AMALABLE PRIOR TO COMPLETION OF CAUSI OF DEATH?
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  27. MANNER OF DEATH  1 Medical 5 Pending Investigation 3 Suicide 8 Could not b determined	HOSPITAL: 1 Inpatient 2 28a. DATE Of (Month, i	ER/Outpa F INJURY Day, Year) OF INJURY , etc. (Specil	tlent 3 DOA 28b. Ti	OTHER: 4   Nursiny ME OF IJURY M , street, factory	28. PLAC 3 Home Ic. INJUR WORK 1 YES	CE OF DEATH (C	8 Other 28d. DES 28f. LOC.	PERFORMANCE ATION (Street or Town, State,	NO NO NO NO NO NO NO NO NO NO NO NO NO N	Or Burn	AMALABLE PRIOR TO COMPLETION OF CAUSI OF DEATH?
25. WAS CASE REFERRED TO MEDICAL EXAMINER?    X	HOSPITAL: 1 Inpatient 2 26a. DATE (Month, i	ER/Outpay Pay, Vaer) DF INJURY , etc. (Specific of my knowled)	tent 3 DOA 28b. Ti	OTHER: 4   Nursiny ME OF JURY M , street, factory	28. PLAC 3 Home c. INJUR WORK 1 YES , office	CE OF DEATH (C	heck only on  6 Other  28d. DES  28f. LOC  City	PERFORMANCE AT STATE OF TOWN, State, asset a least a least asset as the state of Town, State, asset as the state of Town, State, asset as the state of Town, State, asset as the state of Town, State, asset as the state of Town, State, as the state o	AMED?	or Burai	AMALABLE PRIOR TO COMPLETION OF CAUSI OF DEATH?
25. WAS CASE REFERRED TO MEDICAL EXAMINER?    XXX YES 2 NO   NO   Notice	HOSPITAL: 1   Inpatient 2   28a. DATE Of (Month, in the best of th	ER/Outpay Pay, Vaer) DF INJURY , etc. (Specific of my knowled)	tent 3 DOA 28b. Ti	OTHER: 4   Nursiny ME OF JURY M , street, factory	28. PLAC g Home ic. INJUR WORK 1  YEs , office , data ar	DE OF DEATH (C	28d. DES  28f. LOC City to the caue of time, date	PERFORMANCE AT STATE OF TOWN, State, asset a least a least asset as the state of Town, State, asset as the state of Town, State, asset as the state of Town, State, asset as the state of Town, State, asset as the state of Town, State, as the state o	INJURY OCC	or Rural	AMAILABLE PRIOR TO COMPLETION OF CAUSI OF DEATH?  ***XES 2 NO  **Route Number,**  (a) and manner as stated
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. DECEDENT'S NAME (First, Middle, Last)						2. DATE	OF DEATH	AY	YEAR	3. TIM	E OF DEATH	
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Carlotte State Comment

DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALTIMORE, GALYLAND 21203-3146	TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 hours after death. Page 6 ms. be retained by the hospital or attending physic to TULE CHAICIAN DESCRIPTION AMAZES AND THE CHAICIAN DESCRIPTION AMAZES AND THE CHAICIAN DESCRIPTION AMAZES AND THE CHAICIAN DESCRIPTION OF THE CHAICIAN D	to filed within 72 but softer death with the State Dept. of Health and Mental Hygiene prior to burial, created on the medical examinar must be notified 4s once.  IMPROPARE If them 29 is marked or them 23 shows any Injury, or other traumatic event, the medical examinar must be notified 4s once.
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,

by the hospital or attending physician.

Und be detached for use as the burial-transit permit. Pages 1, 2, 3 should

1. DECEOENT'S NAME (First, Min		ENRY SMIT	PII TACIZ	CON				MON		AY	YEAR	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER		S. SEX	6. AGE (In yrs. Is		IF UNDER 1 YEA	R IF UNDER	204 4400		AN 19 I	1990	. 0/00	4:00 THPLACE (State or Foreign
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12	"	5+	,	U.S.	NAVY				DEFI	ENSE		
17. FATHER'S NAME (First, Middle	llo, Last)					18. MOT	HER'S NA	ME (First	Middle, Maiden	Surname)		
HC	WARD	BIGELOW	JACKSO	N				MAR	Y SMITH	I		
19a, INFORMANT'S NAME (Type	√Print)		1	19b. MAILING	G ADDRESS (Str	et and Numbe	r or Rural	Route Nu	mber, City or Tow	vn, State, Zij	p Code)	
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20a. METHOD OF DISPOSITION		noval Iron State	other	n/ecel	SITION (Name o				20c. LC	CATION	- City or	Town, State
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REGISTRAR			TMENT OF HI		REG. NO.		100 MALL AND B
1. DECEDENT'S NAME (First, Middle, Last)	EDWARD		Actual Mass	Te	2. DATE OF DEATH MONTH DA	ž 9	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE (I	n yrs. leet birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8.1	BIRTHPLACE (State or Foreign Country)
226-12-4073 99. FACILITY NAME (If not institution, give	atreet and number)	YHS.	9b. CITY, TOWN OF	LOCATION OF DE	1/7/15 EATH	9c. COUNTY	VIRGINIA OF DEATH
ST. AGNES HOS RESIDENCE OF DECEDENT 10a. STATE MARYLAND 10b. COUN				ORE CI	TY		
106. STATE MARYLAND 10b. COUN	TY		r, town or location LTIMORE				10d. INSIDE CITY LIMITS?  YES 2 NO
10e. STREET AND NUMBER  4351 REISTERS  11. MARITAL STATUS  1 Never Married 2X Married	TOWN ROAD			ZIP CODE 1215			OF WHAT COUNTRY?
11. MARITAL STATUS  1 Never Married 2X Merried  3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN	2 X NO	If yea, spe		IIC ORIGIN? (Specify Yee n, Puerto Rican, atc.)	or No- 14.	RACE — American Indian, Black, White, etc. Specify: BIACK
15. DECEDENT'S ED (Specify only highest grac (Specify only highest grac Elementary/Secondary (0-12)  17. FATHER'S NAME (First, Middle, Last)		16a. DECEDENT'S (Give kind of v life. Do NOT us	USUAL OCCUPATION work done during mos e retired.)	N t of working	16b. KIND OF BUS	INESS/INDUST	
17. FATHER'S NAME (First, Middle, Last)  RICHARD E. J	ORDAN, SR.				ME (First, Middle, Maiden :	Surname)	
190. INFORMANT'S NAME (Type/Print) VIRGINIA EPPS	JORDAN				RD: BALT		G, MD 21215
20e. METHOD OF DISPOSITION  1 XBuriel 2 Cremation 3 Re 4 Donation 5 Other (Specify)	moval from State	other place)	CEMETE			CATION — CHY	or Town, State VIRGINIA
21. SIGNATURE OF FUNERAL SERVICE L	O. Our	H	LERO	Y O. D	CILITY	N FUN	IERAL HOME
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A	CONSEQUENCE O	A OF Pi from Pi	CAR TO BONG	PCINOMA :	PROS	Onset and Death  APC TNON
				cause given in	Part I. 24e. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO
	FAILURE	DISEA	SE		- Pyen		COMPLETION OF CAUSE OF DEATH?
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL:	etlent 3 DOA	OTHER:	ACE OF DEATH (CA	6 Other (Specify)	•	
27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	26b. TIN		JRY AT	28d. DESCRIBE HOW II	NJURY OCCUR	ED
	28e. PLACE OF INJURY building, etc. (Spec	— At home, farm,	street, factory, office		26f. LOCATION (Street a City or Town, State)	and Number or I	Pural Route Number,
e onel	SICIAN: To the best of my know						suse(e) and manner as stated.
A A							(-,
296. SIGNATURE AND TITLE OF CERTIF	you Resid	unt (H	ediani	29c. LICENSE NU	MBER	29d. DATE SI	GNED (Month, Day, Year)  JAN 1990
296. SIGNATURE AND TITLE OF CERTIF	you Resid	ATH (ITEM 27) (Type	, Print)		MBER	29d. DATE SI ▶ 2_2	

BALTIMORE, MARKLAND 21203-3146 24 hours after death. Page 6 ma DIVISION OF VITAL RECORDS, P.O. BOX 13146,

detached for use as the burial-transit permit. Pages 1, 2, 3 should

the hospital or attending physician.

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 mo TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, be filed within 72 hours after death with the State Dept. of Health and Memtal Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must in TO BE COMPLETED BY PHYSICIAN MEDICAL CERTIFICATION

DHMH-16 Rev 1/89

BALTIMORE, MARYLAND 21203-3146 urs after death. Page 6 may TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the form after death. The first PUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must

	1 - FOR STATE REGISTRAR	STATE OF MARYLA		ENT OF HEALTH AND ATE OF DEATH	MENTAL HYGIENE REG. NO.	20 01011
	1. OUCODENT'S NAME (First, Middle, Last)	Lucile Har	riston	es	2. DATE OF DEATH MONTH  \$ 1 / 20 / 90	YEAR 3. TIME OF DEATH 2007 M
	401-26-5818	1 - M 2 5/4	83 YRS. MON	UNDER 1 YEAR IF UNDER 24 HRS. THE DAYS HOURS MIN.	(Month, Day, Year) 03/3/1/06	B. BIRTHPLACE (State or Foreign Country)
TOR	80. FACILITY NAME (If not institution, give at  Baltmore  RESIDENCE OF DECEDENT	County G.	en Hogo	and allstown	9c. COUNT	TY OF DEATH
DIRECTOR	10a. STATE 10b. COUNTY		10c. CITY, TO	WINGS MILLS		10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	109. STREET AND NUMBER	tcliff D	rive	101. ZIP CODE 2///	7	EN OF WHAT COUNTRY? USA
B√	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 XNO	13. WAS DECENDENT OF HISPA If yes, specify Cuben, Mexic 1 TYES 2 NO Spec	en, Puarto Rican, etc.)	14. RACE — American Indian, Black, White, etc.  Specify: Black
COMPLETED	15. DECEDENT'S EDU( (Specify only highest grade Elementary/Secondary (0-12)		16e. DECEDENT'S USU (Give kind of work life. Do NOT use red	done during most of working	166. KIND OF BUSINESS/INDU	STRY
BE COM	17. FATHER'S NAME (First, Middle, Last)	rris		Betty	AME (First, Middle, Melden Surname) Sherman	
1	Donald Hic	Kman	1090	o Huntdit	F Drife Owi	ing Mills My
	2pa. METHOD OF DISPOSITION  1	oval from State	other place)	en Headow Cel	yetery Louisus	ity or Town, State
	Toonne	e. The	nson	Mary 30	E. H. West	Ave
	23. PARTY Enter the diseases, or canock, or heart feilure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)	Liat only one cause on as	ich iina.		to CARDIAC  WFARTION	interval Between
ATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	b	CONSEQUENCE OF):		1/01/1//(0/0	
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):			
	PART II. Other eignificant condition	a contributing to death be	ut not resulting in ti	ne undarlying cause given in	PERFORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE
PHYSICIAN: MEDICAL					1 TYES 2 THO	OF DEATH?
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PLACE OF DEATH (C		
ВУ РНУ	27. MANNER OF DEATH  1 Partural 5 Pending	26a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF		28d. DESCRIBE HOW INJURY OCC	URED
	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spec	— At home, farm, atree	t, factory, office	261. LOCATION (Street and Number of City or Town, State)	or Rural Route Number,
COMPLETED	and!				to the cause(e) end manner ee state to time, date end place, end due to the	
BE	29b. SIGNATURE AND TITLE OF CERTIFIES	lu		D 233	19 29d. DATE	SIGNED (Month, Day, Year) -23 -90
5	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF DEA	ATH (ITEM 27) (Type, Pri	ol N. CHAR	(LES ST	
	31. DATE FILED (MOORIN, Day, Year) JAN 2 5 1990	32. REGISTRAR'S SIGNA	ature undelle			

YEAR

3. TIME OF DEATH

1:59 AM

2. DATE OF DEATH MONTH DAY

1 - FOR STATE REGISTRAR

1. DECEOENT'S

Malinda

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	Mary METITADA			JENK	TNS			[	7	9	4	90	:59 AM.
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. la		IF UNDER 1		HOURS	24 HRS.	7. DATE (	F BIRTH Day, Year)	1	B. BIRTHPLA Country)	NCE (State or Foreign
	238 46-7280	1 ☐ M 2C 💯 F	58	YRS.				ACC T	3.	-15-3	7	N.	C.
~	9a. FACILITY NAME (If not institution, give	e street and number)			9b. CITY,	TOWN OR	LOCATIO	ON OF DE	ATH		9c. COUNT	TY OF DEAT	Н
Ē	7232 McCLEAN	I BLVD.			BA	LTII	MORI	E CI	TY				
DIRECTOR	10e. STATE 10b. COUR				Y, TOWN OF							100	d. INSIDE CITY LIMITS?
15.	MD			B.	ALTI	MORI	E C	TTY				34	YES 2 NO
FUNERAL	10e. STREET AND NUMBER	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7					ZIP CODE						T COUNTRY?
ÿ	7232 McCLEA				1 45 11		2123					SA	
BY FU	1 Never Married 2 Married 3 1 1 1 Never Married 2 Divorced	FORCES?	NT EVER IN U.S. A 1 YES 2013 WAR OR DATES		lf.	yes, spec	olfy Cuba	h HISPAN n, Mexicar Specify	, Puerto R	(Specify Yee Ican, etc.)	or No—	Black, W	American Indian, hite, etc. $BLACK$
	15. DECEDENT'S E (Specify only highest gra		16a. D	ECEDENT'S	USUAL OC work done di	CUPATION	N t of workin	a	16b.	KIND OF BUS	SINESS/INDU	STRY	
	Elementary/Secondary (0-12)	College (1-4 or 5	i+) #	to. Do NOT u DISA	se retired.)				71.7	Λ			
BE COMPLET	NA NA			VISA.	BLED				N.				
		1 <i>RRIS</i>					DO	OROI	HY	iddle, Maiden	C	LOYD	
٥	19e. INFORMANT'S NAME (Type/Print)  LOIS CA	1 <i>SH</i>								er, City or Tow LTIM (			1234
	20a. METHOD OF DISPOSITION  ① ② Burlel 2 □ Cremation 3 □ Re	emoval from State	20b. PLACE	E OF DISPO	SITION (Nan	ne of ceme	etery, crem	etory or			CATION — C		
	4 Oonation 5 Other (Specify)	LICENSEE	- $PH$ .					S OF FAC	NI ITV	K. SE	ABOA	$RD_{\mathbf{y}}$	IV . C .
	LA A	LICENSEL											
_	23. PART I. Enter the diseases, 2	2 (1)	anen	2				_					RTH AVE
CERTIFICATION	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Dissess or injury that initiated events resulting in deeth) LAST		O (OR AS A CONSE	EOUENCE O	F):				U				
MEDICAL C											RE AUTOPSY FINDINGS AILABLE PRIOR TO		
<u> </u>	PERFORMED?  1 YES 2 NO											MPLETION OF CAUSE DEATH?	
5 II	1   YES 2   NO OF										YES 2 NO		
If													
ž	25. WAS CASE REFERRED TO MEDICAL		25. WAS CASE REFERRED TO MEDICAL 25. PLACE OF DEATH (Check only one) EXAMINER?  HOSPITAL: OTHER:										
SICIAN:		HOSPITAL:	☐ ER/Outpatient	3 DOA	OTHER								
SICIAR	EXAMINER?	1 Inpatient 2	F INJURY	28b. TIR	4 🗆 Nura	: Ing Home 28c, INJU	5 KR		8 🗆 Other		NJURY OCC	URED	
PH TSICIAN:	EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending	1 Inpatient 2  28a. DATE O (Month,		28b. TIR	4 🗆 Nura	ing Home 28c. INJU WOR	5 KR	aldence	8 🗆 Other	(Specify)	NJURY OCC	URED	
D DI PHISICIAN:	EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation 3 Suicide 8 Could not 1	1	F INJURY	28b. TIR	4 - Nura ME OF JURY M	ing Home 28c. INJU WOR 1   YI	IRY AT AK?	aldence	8  Other 28d, DE\$	(Specify)			e Number,
ELEU BY PHYSICIAN:	EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending investigation 2 Accident investigation 3 Suicide 8 Could not 1 4 Homicide detarmined	1	OF INJURY  OF INJURY — At h	28b. TIR	4 - Nura ME OF JURY M	ing Home 28c. INJU WOR 1   YI	IRY AT AK?	aldence	8  Other 28d, DE\$	(Specify) CRIBE HOW I			e Number,
ETED BY PHYSICIAN:	EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation 3 Suicide 6 Could not 4 Homicide  29e. CERTIFIER (Check only)  1 YES 2 NO  5 Pending Investigation 6 detarmined	1 Inpatient 2  28a. DATE 0 (Month.)  28a. PLACE building	OF INJURY Day, Year)  OF INJURY — At h g, etc. (Specify)  of my knowledge, c	28b. Till IN	4 Nura ME OF JURY M street, factored at the tie	ing Homa 28c. INJU WOR 1  YI Hry, office	JRY AT AK? ES 2	NO NO	8 Other 28d. DES 28f. LOC	(Specify) CRIBE HOW I	and Number o	or Rural Rout d.	
EIEU BT PRTSICIAN:	EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation 3 Suicide 6 Could not 4 Homicide  29e. CERTIFIER (Check only)  1 YES 2 NO  5 Pending Investigation 6 detarmined	1 □ Inpetient 2  28a. DATE 0 (Month,  28a. PLACE building	OF INJURY Day, Year)  OF INJURY — At h g, etc. (Specify)  of my knowledge, c	28b. Till IN	4 Nura ME OF JURY M street, factored at the tie	ing Homa 28c. INJU WOR 1  YI Hry, office	JRY AT AK? ES 2	NO NO	8 Other 28d. DES 28f. LOC	(Specify) CRIBE HOW I	and Number o	or Rural Rout d.	
A N	EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation 3 Suicide 6 Could not 1 detarmined  29e. CERTIFIER (Check only one) 2 MEDICAL EXAM  20e. SIGNATURE AND TITLE OF CERTIFICATION OF CER	1 □ Inpatient 2  28a. DATE 0 (Month.)  28a. PLACE building  YSICIAN: To the best of INER: On the best of	OF INJURY Day, Year)  OF INJURY — At h a, etc. (Specify)  of my knowledge, c examination and/or	28b. Till IN	4 Nura ME OF JURY M street, facto	ing Homa 28c. INJU WOR 1 Yi ory, office me, date a	FR AT RES 2 ES 2 End pleca	NO NO	8 Other 28d. DES 28f. LOC/City of	(Specify) CRIBE HOW I	and Number of	or Rural Rout d. cause(a) ar	
BE COMPLETED BY PHYSICIAN:	EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation  2 Accident 8 Could not 1 detarmined  29a. CERTIFIER (Check only one) 2 MEDICAL EXAM  20b. SIGNATURE AND TITLE OF CERTIFICATION  30. NAME AND ADDRESS OF PERSON	1 □ Inpatient 2  28a. DATE 0 (Month.)  28a. PLACE building  YSICIAN: To the best of INER: On the best of	OF INJURY Day, Year)  OF INJURY — At h a, etc. (Specify)  of my knowledge, c examination and/or	28b. Till IN	4 Nurs ME OF JURY M  street, factor  red at the the on, in my of	ing Homa 28c. INJU WOR 1	a 5 KRe  JRY AT  RK?  ES 2    and pleca  and pleca  and pleca  and pleca  29c. LICE	NO NO NO NO NO NO NO NO NO NO NO NO NO N	28d. DES 28d. DES 28f. LOCC City of to the cau time, date	(Specify) CRIBE HOW I	nner as state ad due to the	or Rural Rout d. cause(a) ar	nd manner as atated.
BE COMPLETED BY PHYSICIAN:	EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation  2 Accident 8 Could not 1 detarmined  29a. CERTIFIER (Check only one) 2 MEDICAL EXAM  20b. SIGNATURE AND TITLE OF CERTIFICATION  30. NAME AND ADDRESS OF PERSON	1   Inpatient 2 28a. DATE O (Month.  28a. PLACE building  YSICIAN: To the best of INER: On the basis of FIER  WHO COMPLETED CA	OF INJURY Day, Year)  OF INJURY — At h a, etc. (Specify)  of my knowledge, c examination and/or	28b. Till IN In In In In In In In In In In In In In	4 Nurs ME OF JURY M  street, factor  red at the the on, in my of	ing Homa 28c. INJU WOR 1	a 5 KRe  JRY AT  RK?  ES 2    and pleca  and pleca  and pleca  and pleca  29c. LICE	NO NO NO NO NO NO NO NO NO NO NO NO NO N	28d. DES 28d. DES 28f. LOCC City of to the cau time, date	(Specify) CRIBE HOW I ATION (Street or Town, State) se(e) end mei and placa, er	nner as state ad due to the	or Rural Rout d. cause(a) ar	nd manner as atated.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

Pages 1, 2, 3 should DIRECTOR TIMONIUM MARYLAND BALTIMORE permit. 10e, STREET AND HUMBER FUNERAL 101. ZIP CODE 21093 by the hospital or attending physician. be detached for use as the burial-transit 113 e. Aylesbury RD 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 222NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puarto Rican, etc.) 1 Never Married 2 Marrie 1 YES 2X NO Specify: 3 Wildowed 4 Divorced В COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete Elementary/Secondary (0-12) College (1-4 or 5+) 8 Operator once. 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S HAME (First, Middle, Maiden Surname) te Charles Kriss Betty Horke BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) retair 2 <u>Arlene L.</u> Kearney 8 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or other place) 20a, METHOD OF DISPOSITION
1 & Burial 2 Cremation 3 Re B Page 6 4 Donation 5 Other (Specify) New Cathedral Cem. direct 21. SIGNATURE OF FUNERAL SERVICE LICENSEI examiner 22. NAME AND ADDRESS OF FACILITY funeral John C. Miller Inc. death. 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac pr respiratory strest, shock, or heart failure. List only one cause on each line. medical filled in by IMMEDIATE CAUSE (Final n and completely filled to burial, cremation, o the disease or condition\_ CEREBROURSLULAR ACCIDENT reaulting in death) event, executed within DUE TO (OR AS A CONSEQUENCE OF): ATRIA FIBRILLATION NEW traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): 2 nding physician a Hygiene prior to If any, leading to immediate cause. Entar UNDERLYING certificate be SEPRIEMIA CAUSE (Disease or Injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events the attending p resulting in death) LAST 6 law requires that the death any injury, PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL signed by t Health and MARRONDOULAR CIRRHOSIS Shows 2 CON GELTING LHLANZT FAILURI PHYSICIAN: Dept. 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) E e certificate h Item **EXAMINER?** HOSPITAL:
1 ¥ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA OTHER: 1 TES 2 X NO 4 Nursing Home 5 Residence 6 Other (Specify) 6 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT 28b. TIME OF INJURY this c is marked, 1 52 Natural 5 Pending Investigation 1 YES 2 NO BY Accident After ATTENDING 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 6 Could not be DIRECTOR: / COMPLETED 4 Homicide 28 TO THE FUNERAL DIRECT be filed within 72 hours a IMPORTANT: If Item 2 98 29a, CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. HOSPITAL 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 29b, SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 띪 里 tam DZ0795 8 23 2 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE

Tulia Triidson-Randoll

31. DATE FILED (Month, Day, Year)

JAN 25

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

10c. CITY, TOWN OR LOCATION

DAYS

6. AGE (In yrs. lest birthday

84

FOR STATE REGISTRAR

1. DECEDENT'S HAME (First, Middle, Last)

Sa. FACILITY NAME (If not institution, give street and number)

G.B.M.C.-6701 N. CHARLES ST.

10h COUNTY

4. SOCIAL SECURITY NUMBER

214-16-6904

MARY KEARNEY

1 M 2 F

1 -

10a. STATE

BALTIMORE MARYLAND 21203-3146

BOX 13146,

P.0.

DIVISION OF VITAL RECORDS,

90 01619

REG. NO.

2. DATE OF DEATH 3. TIME OF DEATH 01/23/90 8.00 P 7. DATE OF BIRTH (Month, Day, Year) IF UNDER 1 YEAR IF UNDER 24 HRS. s. BIRTHPLACE (State or Foreign 06/10/05 RAITIMORE MD 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH BALTIMORE BALTIMORE, MD 10d. INSIDE CITY 1 YES 2 X NO 10g. CITIZEH OF WHAT COUNTRY? 14. RACE --- American Indian, Black, Whita, etc. Specify: WHITE 18b. KIND OF BUSINESS/INOUSTRY C&P Telephone Co. Aylesbury Rd. Timonium, Md. 21093 20c. LOCATIOH --- City or Town, State Balto., Md. 6415 Belair Rd. Balto., Md. 21206 Approximate **Onset and Death** 24 STROKE Hoons DUSET 24b. WERE AUTOPSY FINDINGS 24a. WAS AN AUTOPSY PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 | YES 2 | 0 1 TES 2 NO 26d. DESCRIBE HOW INJURY OCCURED 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 29d, DATE SIGNED (Month, Day, Year) 1990 JAN 24

**DHMH-16 Rev 1/89** 

utal or attending physician.

BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

1	- STATE REGIST	F
	DECEDENT	4

## #6,7, 17 & 19b per F.H. 2/8/90 kam FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - STATE REGISTRAR		CERTI	FICATE C	F DEATH	REG. N	0.				
1. DECEDENT'S NAME (First, Middle, Last)	1				2. DATE OF DEATH			3. TIME OF DEATH		
KXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXX Char	les S. K	luth			20 19	90	0519A.		
4. SOCIAL SECURITY NUMBER	5. SEX 6. AC	SE (In yrs. lest birthde	y) IF UNDER 1 YE			_	S BIRTH	IPLACE (State or Foreign		
268-24-6565	1 ₩ 2 □ F	XX 22 YRS	MONTHS DA	A HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)-	1928	I & R	inois		
9e. FACILITY NAME (If not institution, give :		7,7,702	-	VN OR LOCATION OF D			INTY OF D			
University of MD RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT Maryland	Hospital		Bal	timore						
10a. STATE 10b. COUNT		10c. (	CITY, TOWN OR LO					10d. INSIDE CITY LIMITS?		
			Baltim	ore			1X□ YES 2 □ NO			
1509 Balton St.	1509 Bolton St.  1. MARITAL STATUS  12. WAS DECEDENT SVER			101. ZIP CODE		10g. CIT	VHAT COUNTRY?			
11. MARITAL STATUS	12. WAS DECEDENT SVE FORCES? 1 2 Y		If yer	, specify Cuben, Mexic	cen, Puerto Ricen, etc.)			— American Indian, c, White, etc.		
3 Widowed 4 Divorced	■ Widowed 4 X Divorced IF YES, GIVE WAR OR DATE KOLE			YES 2 NO Spec	ity:		Speci	white		
15. DECEDENT'S EDI	16a. DECEDENT	T'S USUAL OCCU		16b. KIND OF B	USINESS/IN	DUSTRY	WIDOLE			
(Specify only highest grade Elementary/Secondary (0-12)	life. Do NOI	of work done during Tuse retired.)	most of working							
	E	ngineer		We	sting	house	2			
17. FATNER'S NAME (First, Middle, Last)			18. MOTNER'S N	AME (First, Middle, Malde						
Frederick J. K			Inario	l Victoria	Sher	man				
19a. INFORMANT'S NAME (Type/Print)	19b, MAILI	NG ADDRESS (Str	eet and Number or Rural	Route Number, City or To	bwn, State, Zi					
Victor M. Kluth		2	84 Fran	elin ctve	Berea, OH	440	17			
204. METHOD OF DISPOSITION				f cemetery, cremetory or				nyn. State		
1 Buriel 2 Cremation 3 M Ran 4 Donation 8 Other (Specify)	noval from State	other place)		Cemetery						
	CENSEE	Edicero	22. NAM	F AND ADDRESS OF F	ACILITY					
21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY ROBERT C. ALTENBURG FUNERAL HOME, INC.										
23. PADT I. Enter the diseases, of	1 Cuins	$\sim$	1600	Harkord	Rd., Balt	umore	, MU	21214		
immediate cause (Final disease or condition resulting in death)	s. Seps	V	n Ala	lominal	Source			Interval Batwea Onset and Deal		
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR A	be per s a consequence enteric s a consequence a bblic	Vein	thron	dusis	07				
PART II. Other algorificent condition	ns contributing to deat	h but not resultin	g in the under	lying cause given in	Pert I. 24s. WAS	AN AUTOPSY	246	WERE AUTOPSY FINDINGS		
COPD					PERF 1 [] YES	ORMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO		
25. WAS CASE REFERRED TO MEDICAL				B. PLACE OF DEATH (C			$\perp$			
EXAMINER?	HOSPITAL:		OTHER:							
1 TYES 2 NO	1 Sinpatient 2 ER/6			Home 5 - Residence						
1 Netural 5 ☐ Pending	(Month, Day, Ye		INJURY	WORK?	28d. DESCRIBE NOV	W INJUNY OC	CUMED			
2 Accident Investigation 3 Suicide 6 Could not be determined	28e. PLACE OF INJ building, etc. (	URY At home, ferr Specify)	m, street, factory,	office	281. LOCATION (Stree City or Town, Sta		er or Rural	Route Number,		
anal and	SICIAN: To the best of my lo							s) and manner as stated.		
296. SIGNATURE AND TITLE OF CERTIFIE	ER			29c. LICENSE NO	JMBER	29d. DA	TE SIONEE	(Month, Day, Year)		
Thomas CI	Verhe-	MD				<b>&gt;</b> /	1/21	2/90		
30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF	DEATN (ITEM 27) (7	ype, Print)			/	1-0	170		
Thomas C.	Heinen	an	22	S. G	reene	51	-, -	Baltimor		
31. DATE FILEDYMAN DA MAN 2 31990 STATE DAVIDOR PRODUCE										

ARYLAND 21203-3146

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2	PHYSICIAN	this certifi	rked, or I
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SION OF V	TENDING PHYSICIAN	OR: After this certification	8 is marked, or I
VISION OF V	ATTENDING PHYSICIAN	ECTOR: After this certifi	n 28 is marked, or I
JUNISION OF V	OR ATTENDING PHYSICIAN	DIRECTOR: After this certifi	tem 28 is marked, or I
DIVISION OF V	AL OR ATTENDING PHYSICIAN	AL DIRECTOR; After this certification	If Item 28 is marked, or I
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	PITAL OR ATTENDING PHYSICIAN	ERAL DIRECTOR; After this certification	T: If Item 28 is marked, or I
DIVISION OF V	HOSPITAL OR ATTENDING PHYSICIAN	UNERAL DIRECTOR: After this certification	ANT: If Item 28 is marked, or I
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DIVISION OF V	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely lifted in by the	De INSO WHILL IT INDUS AIRS DEAD WITH THE STARE DEPT. OF READ IN WHITE JUYENS PROFILE DOUBLE, CHINESON, OF TEMPORTANT, If I I I I I I I I I I I I I I I I I I

30. NAME AND ADDRESS OF PERSON WHO OF THE PROPERTY OF THE PROP

	FOR 1 - STATE REGISTRAR	STATE OF M	IARYLAND /		TMENT							9	0 01	62
	1. DECEDENT'S NAME (First, Middle, Last)  GARY THEOD	ODE THEAT		Alle	ICATE	UF	DEA	in .	2. DATE OF E	EG. NO.		YEAR 90	3. TIME OF DEAT	тн
	4. SOCIAL SECURITY NUMBER 218-68-8482	5. SEX 1 X M 2 - F	6. AGE (In yrs. lest	birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER	MIN.	7. DATE OF B (Month, De)	HRTH y, Year)	,	8. BIRTH	IPLACE (State or Fo	preign
TOR	90. FACILITY NAME (If not institution, give standard and final standard from the sta	reet end number)					imor		EATH			NTY OF D Salti		
DIRECTOR	Maryland N/A				y, TOWN O								10d. INSIDE CITY LIMITS? 1XXYES 2	
FUNERAL	10s. STREET AND NUMBER 824 Evesham Aven				-	ZIP COD				10g. CIT	IZEN OF V	VHAT COUNTRY?		
BY FUN	11. MARITAL STATUS  Never Married 2 Married  3 Widowed 4 Diverced	12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	YES XXX	WED O	H	yes, spe		en, Mexica	NC ORIGIN? (Sen, Puerto Ricenty:		or No-	14. RACE	— American India k, White, atc.	en,
03	15. DECEDENT'S EDU( (Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5 +	(GA	CEDENT'S ve kind of Do NOT us	USUAL OC work done of se retired.)	CUPATIO	ON at of working	ng	16b. KIN	D OF BUS	BINESS/IND	DUSTRY	White	
COMPLET	17. FATHER'S NAME (First, Middle, Last)	2	Qual	ity	Cont	rol	18. MOT	HER'S NA	ME (First, Middle		Surname)			
TO BE	Vincent Michael L  19a INFORMANT'S NAME (Type/Print)  C.P.Goetz III	ucantoni					nd Number	r or Rurel i	Fitzpa Route Number of imore,	ity or Tow	n, State, Zip		21.2	
	20a. METHOD OF DISPOSITION 1 Grant XXXX remation 3 Ram. 4 Donation 5 Other (Specify)		20b. PLACE ( other ple	OF DISPO		ne of cen	netery, cren	matory or	ZIMOL C,	20c. LO	CATION —	City or To		d
CASI	21. SIGNATURE OF FUNERAL SERVICE (IN DENNIS STEPHE	eken de	nakt	-			ell-			Home	e 650	00 Yo	rk Rd 2	1212
מוני מוני שנים וונים	Dennis Stephen Xerakis  Mitchell-Wiedefeld Home 6500 York Rd 2121:  23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. Liet only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  DUE TO (OR AS A CONSCOURNCE OF):												etween	
ERTIFICATION	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):													
CERTI	resulting in death) LAST	d							_				-	
: MEDICAL	PART II. Other algorificant condition I KAROSI VS SA CRYPTOCO	4RCOMA				derlying	g cause	given in		YES 2	1	24b	WERE AUTOPSY F AVAILABLE PRIOR COMPLETION OF ( DF DEATH?	TO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER	t:			eck only one) 6  Other (Sp	ecity)	_			
BY PH	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF (Month, D	ey, Year)		JURY	1 🗆 1	YES 2	□ NO	28d. DESCRI					
ED	3 Suicide 6 Could not be determined	building,	F INJURY — At horetc. (Specify)							wn, State)			Route Number,	
COMPLET	(Check only 2 MEDICAL EXAMINE	CIAN: To the best of R: On the besie of a											e) end manner as s	stated.
TO BE	296. SIGNATURE AND TITLE OF CERTIFIES	SAS	SE OF DEATH //YEA	4 27) (500	Print)		29c. LIC	S3	10 30 Y	<u></u>	29d. DA1	TE SIGNED	(Month, gay, Year)	)

DMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32 REGISTRAR'S SIGNATURES has Daydon-Aandelle

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DIRECTOR, AND USE USE DESIGNED BY THE WASHINGTON THE CONTINUE OF THE WASHINGTON THE CONTINUE OF THE CONTINUE O		item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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San Maria	hours after death with the State Dept, of Health and Mental Hyglene prior to burial, cremation, or remo-	vent,
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1 - STATE REGISTRAR	STATE OF M			MENT OF H		MENTAL HYGIE REG. N		
1. OECEOENT'S NAME (First, Middle, Last)	VERNE	K.'S LEI	WIS			2. DATE OF DEATH MONTH	DAY 9	YEAR OF DEATH
4. SOCIAL SECURITY NUMBER 091 40 7494	5. SEX 1 M 2 XF	6. AGE (In yra. las	YRS.	UNDER 1 YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.		50	BIRTHPLACE (State or Foreign Country)  ew York, N.Y.
90. FACILITY NAME (II not institution, give  MAJCOCH Grow  RESIDENCE OF DECEDENT	Hosp.		9	Andre	LINTON	B	9c. COUNT	TOF DEATH INCE GEORGES
10e. STATE 10b. COUNT	ryland Prince Georges				S			10d. INSIDE CITY LIMITS? 1 X YES 2 NO
	STREET AND NUMBER  5900 St. Moritz Drive  MARITAL STATUS  12. WAS DECEDENT EVER IN U.S.				. ZIP CODE 20748		UNIT	ED STATES
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	T EVER IN U.S. AR YES 27 XY AR OR DATES	med X	If yes, sp		NIC ORIGIN? (Specify 1 in, Puerto Rican, atc.) y:	tea or No—	4. RACE — American Indian, Black, White, etc. Specify: Black
15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)		) (G	live kind of work . Do NOT use n	UAL OCCUPATION done during mo		16b. KIND OF B		STRY
12 17. FATHER'S NAME (First, Middle, Last)		Nurs	se		-11-56 F. C. (1)-6	AME (First, Middle, Maide		mmunity Hospit
JOSEPH FOYE  19a, INFORMANT'S NAME (Type/Print)						Route Number, City or R		
ANTOINE LEWIS  20a METHOD OF DISPOSITION 1A. Burlet 2 Cremetton 3 Rer 4 Donation 5 Other (Specily)	(HUSBAND	20b. PLACE	OF DISPOSIT	ON (Name of cer	z Dr. #1 notory, crometory or CEMETERY	20c. I	OCATION — C	ty or Town, State  MARYLAND
21. SIGNATURE OF FUNERAL SERVICE L	Pope &	2	M859	ALEXAN 2617	DER S. I Pennsylv	COLTY POPE FUNER Vania Aver	CAL HOM	E DC 20020
23. PART I. Ental the diseases, or ahock, or heart failure IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one cau	se on each line	<b>.</b>					Interval Between Onset and Deatl
Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	OUE TO	COR AS A CONSE	OUENCE OF):	is Sele	solie Co	es die Mosc	ives B	esept
PART II. Other algoriticant conditions  Servere. Fl.				the underlyin	g cause given in		AN AUTOPSY ORMED?	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?  1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	ER/Outpatient 3		THER:	ACE OF OEATH (C	heck only one)  8  Other (Specify)		
27. MANNER OF DEATH  1 Natural 5 Pending Investigation	28a. DATE OF (Month, D	INJURY	28b. TIME (	OF 28c. INJ		28d. DESCRIBE HOV	V INJURY OCC	URED
3 Suicide 6 Could not be 4 Homicide determined	28s. PLACE O building,	F INJURY — At ho atc. (Specify)	ome, farm, stre	et, factory, offic	•	28f. LOCATION (Stree City or Town, Sta		or Rural Route Number,
and b d						e to the cause(s) and n e time, data and place,		d. cause(s) and menner as stated.
29b. SIGNATURE AND TITLE OF CERTIFI								

5	MICHIGAN. H. 1981 LG 18 INGRESS, O. 1981 LG STONE OF PRINCIPLE CONTINUES CON
l examiner must be notif	be med Within 72 flours after been with the State Dept. Or regulation werean hyperic prior to buriet, business.  IMPORTANT: If I tem 28 is marked, or litem 23 shows any injury, or other traumatic event, the medical examiner must be notify
the funeral director, page 5 mi	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 mm
er death, Page 6 may be retail	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death, Page 6 may be retiting

	FOR 1 STATE	STATE OF MA								E	90	01623
	REGISTRAR		CE	RHFK	CATE C	DE DE	AIH		REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF MONTH	DA		YEAR	TIME OF DEATH
	Richard C. Liebkr							Janua			990	M
	4, SOCIAL SECURITY NUMBER	NG-	. AGE (In yrs. lesi		ONTHS DAY	-	DER 24 HRS.	7. DATE OF (Month, D		- 1	Country)	ACE (State or Foreign
	213-32-7748	1 🛛 M 2 🗌 F	57	YRS.			1111	(Month, Dey, Year) Con				iaryland
_1	9a. FACILITY NAME (If not institution, give st				DE. CITY, TOY				9c. COUNT	Y OF DEA	тн	
5	3458 Vargas Circl	Le Apt. 2	A		Rar			Ba	altin	nore		
DIRECTOR	RESIDENCE OF DECEDENT										T.	
#	10000000									0d. INSIDE CITY LIMITS?		
		imore		Ra	andall							YES 2 X NO
₹	10e, STREET AND NUMBER					101. ZIP CI	DOE			10g. CITIZI	EN OF WH	AT COUNTRY?
	3458 Vargas Circl	Le Apt. 2	A			21	L 33			U.	S.A.	
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT I FORCES? 1						NIC ORIGIN? (		or No- 1	4. RACE -	- American Indian, White, etc.
	1 Never Married 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE WAR				YES 2 X			,,		Specify:	
BÁ	3 Widowed 4 KJ Divorced											White
画	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	(Gi	ve kind of wo	SUAL OCCUP rk done during	PATION g most of wo	rking	18b. Ki	ND OF BUS	SINESS/INDU	STRY	
<u> </u>	Elementary/Secondary (0-12)	College (1-4 or 5+)	Ho.	Do NOT use	retired.)							
N P	12th Grade		Sei	rvice	Techn	icia	n		AT 8	Y T		
BE-COMPLETED	17. FATHER'S NAME (First, Middle, Last)					18. M	OTHER'S NA	ME (First, Mid	dle, Maiden	Sumame)		
L	Robert F. Liebkne	cht					Rub	y Fran	ces 1	Landor	1	
	19a. INFORMANT'S NAME (Typo/Print)		198	MAILING A	DORESS (Str	eet and Num		Route Number,				· · · · · · · · · · · · · · · · · · ·
2	Miss Catherine C.	Liebnech	t	R. 4	4244 R	loop I	Road	Mt. A	iry,	Mary1	Land	21771
	20s. METHOD OF DISPOSITION		20b. PLACE	OF DISPOSIT	TION (Name o				_	Maryland 21//1 CATION — City or Town, State		
	1 Suriel 2 Cremetion 3 Rem	oval from State	other pli	ice)	Memo					wko cu	1110	, Maryland
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	Dance	VICW	_	E AND ADD		CILITY		ykesv	TITE	, maryland
	<b>NO1</b> 11	2						Funer				
	your K /	4			872	8 Lil	erty	Road	Rang	dallst	own,	MD 21133
	23. PART 1. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.    MMEDIATE CAUSE (Final   Cause   C											
	a. Conclude In least of the consequence of:  The first of the consequence of the conseque											
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (C	OR AS A CONSE	QUENCE OF)	: ]	CO						·
	PART II. Other aignificant condition	a contribution to d	anth hut ant a	n audėla a ia	ah a un dan	hataa aada	a about to	Don't o	ta, WAS AN	ALITTORNA	T	VERE AUTOPSY FINDINGS
PHYSICIAN: MEDICAL						,,,,,,	9,000		PERFOR	RMED?	6	WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Ž												
3	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		Т.	OTHER:	6. PLACE O	F DEATH (C	heck only one)				
2	1 🗆 YES 2 🖂 (0	1 - Inpetient 2 -	ER/Outpetient 3			Home 5	Residence	8 Other (	Specify)			
H	27. MANNER OF DEATH  1 Natural 5 Pending	28a. DATE OF III (Month, Day		28b. TIME INJU	RY	WORK?		28d. DESC	RIBE HOW	INJURY OCC	URED	•
B	2 Accident Investigation					☐ YES	2   NO	-				
COMPLETED	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF building, et	INJURY — At he lc. (Specify)	ome, farm, st	reet, factory,	offica			ION (Street Town, State)	and Number (	or Rural Ro	ute Number,
H	290. CERTIFIER 1 CERTIFYING PHYS	ICIAN: To the best of m	w knowledne d	with annual	d at the star-	data and -	ana and d	a to the series	(a) and = -	nner en elst-	4	
Z	cont only											
Ö	2 MEDICAL EXAMINI		THE HOUSE		, at my opini	ori, death or	oured at th	- time, cate si	na piaca, ar	nd one to the	caus#(8)	ered manufer as stated.
ш	296. SIGNATURE AND TITLE OF CEILLIFIE	1/				29c.	LICENSE NU	MBER		29d. DATE	SIGNED (	Morith, Day, Year)
0	100014 JF	013 m	)			1)	309	10			123	3/90
5	Robert - B St	O COMPLETED CAUSE	SIS A	of type,	Sp.	ring	5 R	llei	They	vil	le, 1	Ma 2109:

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BALTIMORE, MARYLAND 21203-3146

NOISINIO	אווא של	מטטטט	DIVISION OF VITAL RECORDS, 1.0. BOA 13140,	12140,		DALIMONE, MAN	יי ואאויי
TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained	HYSICIAN: The I	aw requires that the	ne death certificate be	executed within	24 hours afte	death. Page 6 may	y be retained
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	is certificate ha	spt. of Health and	the attending physician Mental Hygiene prior	and completely burial, cremat	filled in by the	e funeral director, p al.	age 5 should
IMPORTANT. If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified	ted, or item 2	3 shows any in	ljury, or other trau	matic event,	the medical	examiner must	be notified

	FOR STATE REGISTRAR		STATE OF I	MARYLAN	D / DEPAR			EALTH AND N DEATH		YGIEN REG. NO				
	1. DECEDENT'S NAME (First, Mid		RTHA	GORI	3	]	LANI	Ξ	2. DATE OF MONTH	1-90	AY	YEAR	3. TIME OF DEATH 6:02AM M	
	4. SOCIAL SECURITY NUMBER 220-56-1832	2	5. SEX 1	8. AGE (In yr	rs. lest birthday) YRS.	S. MONTHS DAYS HOURS MIN.			(Month, Day, Year) 10-17-29			Count	BIRTHPLACE (State or Foreign Country)  S. C.	
TOR	90. FACILITY NAME (If not instituted to 1699 Bellhar	ven Ro						adena	ATH				of DEATH Arundel Co.	
DIRECTOR	RESIDENCE OF DECED  10s. STATE 10s	b. COUNTY	· <u>·</u>			Y, TOWN OF		ION					10d. INSIDE CITY LIMITS?  1 YES R M NO	
FUNERAL	100. STREET AND NUMBER  1699 BAY-S	SIDE	BEACH			101	21722			10g. CIT	USA	N OF WHAT COUNTRY?		
B⊀	11. MARITAL STATUS  1 Never Married 2 Mer  3 Widowed 4 Divorced	rried	12. WAS DECEDED FORCES? IF YES, GIVE V	T EVER IN U.S	MINO	10	Ves. 80	ENDENT OF HISPAN ocity Cuban, Mexicae 2 HO Specify	n. Puerlo Rica		s or No—	14. RAC	E — Americen Indien, k, White, etc.	
COMPLETED	15. DECEDE (Specify only hig Elementary/Secondary (0-12) NA	-	(TION ompleted) College (1-4 or 5		e. DECEDENT'S (Give kind of life. Do NOT o	work done du	CUPATIO uring mo	N st of working	16b. KII	ND OF BU	SINESS/IN	OUSTRY		
BE CON	17. FATHER'S NAME (First, Middle $DAVE$	e, Lest)	SANDI	ERS				18. MOTHER'S NAI	ME (First, Midd G)			S	SANDERS	
10	190. INFORMANT'S NAME (Type/I		ERS		522	DECA!	I'UR						DC 20011	
	CERTRUDE SANDERS  20e. METHOD OF DISPOSITION 1					ILLE	VE			20c. LC	ROWN,	SVII	LLE, MD	
	21. SIGNATURE OF FUNERAL SE	a I	My					. MARCH		. 13	101	E . $i$	NORTH AVE.	
	23. PART I. Enter the dises shock, or heard IMMEDIATE CAUSE (Finel disease or condition resulting in death)		Smoke	and so	oot in	nalati		de of dying, suc	h as cardiad	or resp	eliratory ar	rrest,	Approximate interval Between Onset and Death	
CERTIFICATION	Sequentielly list conditions if any, leading to immediat cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	mmediate ERLYING r injury  B  DUE TO (OR AS A CONSEQUENCE OF):												
PHYSICIAN: MEDICAL CE	PART II. Other algnificent	conditiona	contributing to	death but	not resulting	In the unc	derlyln	g cause given in		PERFO		24	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? YES 2 NO	
CIAN	25. WAS CASE REFERRED TO M EXAMINER? 15747ES 2 \( \text{NO} \) NO	22.5	HOSPITAL:	T FRO to the	2 C DO4	OTHER	:	ACE OF DEATH (Ch						
ву РНУ	27. MANNER OF DEATH  1 Natural 5 Pen	410.	26e. OATE O (Month, 1-21	FINJURY Day, Year) —90	6: (	ME OF JURY 2AM	26c. IN. W(	PRK? YES 2½XNO	Vict:	im of	f hou	ise f		
ا ۵	3 Suicide 6 Cou	ermined	building	, etc. (Specify)	HC	ME			1699 Anne 7	BeI.	lhave <del>del C</del>	en Ro	pad, Pasadena y, Maryland	
COMPLETE	(Check only 1 CERTIFY	L EXAMINER						and place, and due leath occured at the 29c. LICENSE NUM	time, date en		nd due to	the ceuse	(e) end manner ee stated.  D (Month, Dep. Weer)	
TO BE	36. NAME AND ADDRESS OF PE MARIO F. GOL	ERSON WHO	COMPLETED CAL	JISE OF DEATH	1 diam 27 (No		Do	nn Stree	t Balt	+ i moı	re MI		22-90	

BALTIMORE, MARYLAND 21203-3146	may be the hospital or attending physic	or, page 18 to 19	ust be not sed at once.
BALTIMO	Surs after death. Page 6	illed in by the funeral direct n. or removal.	e medical examiner m
ORDS, P.O. BOX 13146,	is that the death certificate be executed within	ned by the attending physician and completely fill atth and Mental Hygiene prior to burial, cremation	s any injury, or other traumatic event, the
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Jurs after death. Page 6 may have the may have been carried to the control of the	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 18 per page 18 per as the burlat be fleet within 72 hours after death with the State Debt. of Health and Mental Hygiene prior to burlat, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must become and

FILED (Month, Day, Year)

JAN 25 1990

	1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.							
	1. DECEDENT'S NAME (First, Middle, Last)	GEORGE CARL	MILLER		2. DATE OF DEATH DO NO	ay ye 9(		
	4. SOCIAL SECURITY NUMBER 216-20-8598	5. SEX 8. AGE (In		UNDER 1 YEAR IF UNDER 24 HRS. NTHS DAYS HOURS MIN.	7. DATE OF BIRTN (Month, Day, Year) 6/11/28	Ma	HATNPLACE (State or Foreign country)	
OR	9e. FACILITY NAME (If not institution, give a EDENWALD	96. CITY, TOWN OR LOCATION OF DEATH TOWSON  9c. COUNTY OF DEATH Baltimore						
FUNERAL DIRECTOR	nesidence of decedent  100. STATE  Maryland  Balt:	OUNTY 10c. CITY, TO		own on Location ltimore			10d. INSIDE CITY LIMITS? 1 YES 2XX NO	
ERAL	100. STREET AND NUMBER 423 Hopkins Rd.			101. ZIP CODE 21212		U.S.A.		
COMPLETED BY FUNE	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES? 1 YES 2XXNO		If yes, specify Cuben, Mexico	3. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yer If yes, specify Cuben, Mexicen, Puerto Ricen, etc.)  1 YES 2XXNO Specify:		s or No- 14. RACE — American Indian, Black, White, etc. SpecifiWhite	
	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)			JAL OCCUPATION done during most of working titred.)  Inspector	16b. KIND OF BU	siness/indust		
CON	17. FATNER'S NAME (First, Middle, Last)  18. MOTHER'S NAME				IE (First, Middle, Malden Surneme)			
100	190. INFORMANT'S NAME (Type/Print) Anita M. Miller	NAME (Type/Print) 1. Miller 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 423 Hopkins Rd. Baltimore, Md. 21212					(e)	
	200 METNOD OF DISPOSITION  1 A Gurial 2 Cremetion 3 Removat from State  4 Donatton 6 Other (Specify) Oaklawn Cemetery			20c. LOCATION — City or Town, State Baltimore, Md.				
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE ROBERT M. Kratz    22. NAME AND ADDRESS OF FACILITY MITCHELI-Wiedefeld Home Inc.   6500 York Rd. 21212							
MEDICAL CERTIFICATION	23. PART i. Enter the diseases, or complications that aused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Due To (OR AS A CONSEQUENCE OF):							
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST							
	PART II. Other algorificant conditions contributing to deeth but not resulting in the underlying ceuse given in Part I.					NAUTOPSY PIMEO? 2 TV NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?  1  YES 2 NO	
PHYSICIAN: MEDI	25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1 Yes 2 XNO  1 Insident 2 ER/Outpetlant 3 Doa 4 W Nursing Name 5 Bealdance 5 Other (Specific)							
	27. MANNER OF DEATH  1 Netural 6 Pending						ED	
TED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	2/ Accident investigation 3 Suicide 6 Could not be 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)				LOCATION (Street and Number or Rural Route Number, City or Town, State)		
COMPLETED	29s. CERTIFIER (Check only one)  The best of my knowledge, death occurred at the films, data and place, and due to the cause(e) and manner as stated.  Examiner: On the basic of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(e) and manner as stated.							
BE	296. SIGNATURE AND TITLE OF CENTIFIE	tun	plage	20c, LICENSE NU D2976		29d. DATE SH	SZ 90	
5	in which is Difference 5/6 M. Rolling Roberts and Balking							

And the second second

1	-	STATE REGISTR	AF
	1. D	ECEDENT'S	N/

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR	CERTIFIC	ATE OF DE	ATH	REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH 3. TIME OF DEATH			
	VINCENT J. McGRAIL				MONTH DAY YEAR 11: 40			
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AG	E (In yrs. last birthday) #		NDER 24 HRS. 7.	pare of Birth	8. BIRT	THPLACE (State or Foreign thy) Inecticut	
FUNERAL DIRECTOR	99. FACILITY NAME (If not institution, give street end number)  GOOD - SAMARITAN HOST  RESIDENCE OF DECEDENT	OFMD	BALT	MORI	-	9c. COUNTY OF		
	10a. STATE 10b. COUNTY Maryland Baltimore		OWN OR LOCATION Ville	10d. INSIDE CITY LIMITS? 1 YES 2 Y NO				
	10e. STREET AND NUMBER	1 41 %	101. ZIP (	none.		40. 01717711 07	WHAT COUNTRY?	
B	8401 Loch Raven Blvd.		212	34		U.S.	Α.	
	11. MARITAL STATUS  1 Never Merried 2 Married  3 X Wildowed 4 Olvorced  12. WAS DECEDENT EVER FORCES? 1 YES, GIVE WAR OR	S 2/1/NO	MED  13. WAS DECEMBENT OF HISPANIC OR If yes, specify Cuben, Mexicen, Pus  1 ☐ YES 2 ☒️ NO Specify:					
	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	(Give kind of work	a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working			INESS/INDUSTRY		
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5+) 12 Years 8 Years		Me. Do NOT use retired.)  Dentist			Dental		
õ	17. FATHER'S NAME (First, Middle, Last)		18. 1	OTHER'S NAME	(First, Middle, Maiden S	Surneme)		
BE C	John F.	McGrai	McGrail Elizab			5	Shannon	
2	19e. INFORMANT'S NAME (Type/Print)		19b, MAILING ADDRESS (Street and Number or Rural					
-	Elizabeth V. McGrail				ew Haver		06511	
	20e. METHOD OF DISPOSITION  1 X Burlel 2 Cremation 3 Removal from State  4 Donation S Other (Specify)	Zoudon Pa	ACE OF DISPOSITION (Name of cemetery, crematory or mer place)  ACON Park Cemetery			cation - city or timore	Maryland	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		Willia	m E . J	ohnson I	Funeral	Home,P.A	
MEDICAL CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  Onset and Death  Onset and Death  Onset and Death  Onset and Death  Onset and Death							
	PART II. Other eignificant conditions contributing to death	n but not resulting in t	he underlying cau	se given in Pa	rt I. 24a. WAS AN PERFORI	MED?	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one)							
Sic	EXAMINER?  1 YES 2 TO 1 TO TRUST 2 ER/O		THER:	Residence &	Other (Specify)			
ву рну	27. MANNER OF DEATH  1 Naturel S Pending (Month, Day, Yea  2 Accident Investigation	Y 28b. TIME O	F 28c. INJURY	NT 26	28d. DESCRIBE HOW INJURY OCCURED			
	T DECOMPTE	IRY — At home, farm, streetpecify)	At home, farm, street, fectory, office		28t. LOCATION (Street end Number or Rural Route Number, City or Town, State)			
COMPLETED	29e. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner ee stated.  2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) end manner ee stated.							
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER  1 SIGNATURE AND TITLE OF CERTIFIER  29d. DATE SIGNED (Month, Day, Year)						ED (Month, Day, Year)	
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF HARBIR	5601 LOC	H RAV	W B	SUD/	BALTH	40PE 21239	
	JAN 2 5 1990 32. REGISTRAR'S SI	SON- Mandall			(	2 1		

BALTIMORE MARYLAND 21203-3146 TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a fur after death. Present TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral exists filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examinar DIVISION OF VITAL RECORDS, P.O. BOX 13146,

be detacted for use as the burial-transit permit. Pages 1, 2, 3 should

by the hospital or attending physician.

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BALTIMORE, MARYLAND 21203-3146	may retained by the hospital or attending physician.	should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	at by notified at once.
TIMOR	8	L	Mer Mus
BALI	after dem	by the harmonal.	ical exam
	UIS	illed in	e med
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within us after them. Part of the many retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the new durant and be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Debt. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examinant must by notified at once.

FOR STATE REGISTRAR

1. OECEDENT'S NAME (First, Middle, Last)	wraz Wi	lliam H.	Murr	ay	2. DATE OF DEATH	1/24/9	4:55 A M	
000 00 0000	8. AGE (In )	MOR	UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) Jan. 6 19:		BIRTHPLACE (State or Foreign Country) Kentucky	
90. FACILITY NAME (II not institution, give stree Francis Scott Key		96		altimore	ATH	9c. COUNTY	OF OEATH	
Francis Scott Key RESIDENCE OF DECEDENT  10e. STATE  10b. COUNTY  Md.  10e. STREET AND NUMBER  514 Mace Ave.  11. MARITAL STATUS  1 F. Never Married  2 Merried	10e. STATE 10b. COUNTY 1		10c. CITY, TOWN OR LOCATION ESSEX				10d. INSIDE CITY LIMITS? 1 YES 2 XNO	
100. STREET AND NUMBER 514 Mace Ave.				101. ZIP CODE 21221			USA	
3 Widowed 4 Divorced	1 Never Merried 2 Merried FORCES? N YES 2			2 NO If yes, specify Cuben, Mexico		ee or No 14.	RACE — American Indian, Black, White, etc. Specify: White	
15. DECEDENT'S EQUICAT (Specify only highest grade co. Elementary/Secondary (0-12)  17. FATHER'S NAME (First, Middle, Last)		Gene kind of work (Give kind of work life. Do NOT use re COal	done during mo tired.)	ON ist of working	18b. KIND OF B	USINESS/INDUS	TRY	
17. FATHER'S NAME (First, Middle, Last) Sherman Murray								
190. INFORMANT'S NAME (Type/Print) Helen Booth			Mace A		Toute Number, City or To timore MA		21221	
20a. METHOD OF DISPOSITION  1	20s. METHOD OF DISPOSITION  1 XBurlal 2 Cremetion 3 Removal from State  4 Donation 5 Other (Specify)			E OF DISPOSITION (Name of cometery, cremetory or Town, Dace)  TadnNationalMemorialPark  Baltimore M.				
21. SIGNATURE OF FUNERAL, SERVICE LICEN	Timer of	Una		nelly Fu		e 300MA	ceAve. 21221	
23. PART i. Enter the diseases, cor shock, or heert failule. List IMMEDIATE CAUSE (Final disease or condition resulting in death)	nplications that caused the tonly one cause on each	<i>s</i> n	anter tha mo	oda of dying, auci	h aa cardlac or rea	piralory arrest	Approximate interval Between Onast and Death	
Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	Sequentially list conditions, if sny, leading to immediate cause. Enter UNIDERLYING CAUSE (Disease or Injury Co. Co. Course of the course of t							
resulting in death) LAST	mat minated events							
PART II. Other significant conditions	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i.				PERF	24s. WAS AN AUTOPSY PERFORMED?  1 1 YES 2 NQ  24b. WERE AUTOPSY AMAILABLE PRICOMPLETION OF DEATH?  1 YES 2 Y		
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	IOSPITAL:		26. P	LACE OF DEATH (Ch	eck only one)			
1  YES 2  NO 1  27. MANNER OF OFATH  1 Natural 8  Pending	28a. DATE OF INJURY (Month, Day, Year)		Nursing Hor	JURY AT DRK? YES 2 NO	8 Other (Specify) 28d. DESCRIBE HOW	INJURY OCCUP	RED	
3 Suicide 6 Could not be determined	building, etc. (Specify)			At home, farm, street, factory, office		28t. LOCATION (Street end Number or Rural Route Number, City or Town, State)		
One) 2 MEDICAL EXAMINES	N: To the best of my knowled						zuse(e) end menner ee stated.	
29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUI	ивея	29d, DATE S	IQNED (Month, Day, Year)	
30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEAT	H (ITEM 27) (Type, Pri	nt)					
JAN 2 5 1990 Julia	32. REGISTRAR'S SIGNAT	URE						

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

DHMH-18 Rev 1/89

iched for use as the burial-transit permit. Pages 1, 2, 3 should nospital or attending physician. BALTIMORE, MARYLAND 21203-3146 nours after death. Page 6 may be re-DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Place in many to THE FINEFAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral direction and fined within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be

	FOR 1 - STATE REGISTRAR	STATE OF MARYLAN	D / DEPARTM				YGIENE EG. NO.		
	1. DECEDENT'S NAME (First, Middle, Lest) Edward Mod	ody				2. DATE OF E	DAY Y	EAR	E OF DEATH
		XXXM 2 🗆 F 51	YRS. MOI	UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF 8 (Month, De Feb. 1	1938 NK	BIRTHPLACE Country) Orth C	(State or Foreign Carolina
TOR	Southern Mary RESIDENCE OF DECEDENT		2.2		linton,		9c. COUNTY Prin		eorge's
FUNERAL DIRECTOR		George's	Clint					XXX	NSIDE CITY IMITS? YES 2 NO
RAI	5903 Arbroath Dri	170			0735		United	OF WHAT C	
BY FUNE	11. MARITAL STATUS 1 Never Married The Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U FORCES? 1 YES IF YES, GIVE WAR OR DATE	2 <b>XX</b> 0	13. WAS DEC	ENDENT OF HISPAN	n, Puerto Ricer	pecify Yes or No- 14		ericen Indien, i, etc.
O BE COMPLETED 6	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5+)	Be. DECEDENT'S USU (Give kind of work life. Do NOT use re	done during mo lired.)	N st of worlding		D OF BUSINESS/INDUS		
MP	9th	Įr:	ruck Driv	er			vate		
S	17. FATHER'S NAME (First, Middle, Last)				111-1-111-1		e, Maiden Sumame)		
8	James M. Moody  198. INFORMANT'S NAME (Type/Print)		196 MAILING AD	DRESS /Street a	Mary He		III City or Town, State, Zip Co	vda)	
P	Annie B. Moody						Maryland		
	20a. METHOD OF DISPOSITION	200. P	LACE OF DISPOSITION			1100117	20c. LOCATION — City		
	1 Xeurial 2 Cremation 3 Remaid A Documents St. Other (Specify)	Han	nony Memo	rial P	ark		Landover	Mary	land
	21. VIGHATURE OF FUNERAL SERVICE LIC	The D	li				Jenkins I ndover, Ma		
	Enter the day here or ahock, or hand failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. DUE TO (OR AS A C	)NIA	enter the mo	de of dying, suci	h as cardisc	or respiratory arres		Approximate interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, tacking to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	DUE TO (OR AS A C							
ERTIF	that initiated events resulting in death) LAST	DUE TO (OR AS A C	ONSEQUENCE OF):						
MEDICAL C	PART It. Other eignificant condition	s contributing to death but	not reaulting in t	he underlyin	g cause given in		. WAS AN AUTOPSY PERFORMED? YES 2 NO	AWAIL. COMP OF DE	
 M								1	YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOODITAL			ACE OF DEATH (Ch	eck only one)		1	
YSIG	1 TES 2 NO	HOSPITAL: 1 Xinpatient 2 ER/Outpati	ent 3 DOA 4	THER:  Nursing Hor	e 8 🗆 Residence	6 Other (Sp	nectfy)		
ву РН	27. MANNER OF DEATH  1 Natural S Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Chy., Year)	28b. TIME O	WC	URY AT PRK? YES 2 NO	28d. DESCRI	BE HOW INJURY OCCU	RED	
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY — building, etc. (Specify	Al home, farm, stree	nt, factory, offic	•		N (Street and Number or own, State)	Rural Route N	lumber
COMPLETED	onel	CIAN: To the best of my knowled R: On the basis of examination a							manner se stated.
ш	200. BIGHATUME AND TUPLE OF CENTIFIE	•			29c. LICENSE NUI	MBER	29d. DATE S	SIGNED (Mont	h, Day, Year)
m	the				D194	431	<b>&gt;</b> //	20/9	0
10	Frank St. Ry	O COMPLETED CAUSE OF DEAT	1 DUDIAN	Hero	thigh it	T. W.	ALLINGTON	Md	20144
	31. DATE FILED (Month, Day, Year)	32. REGISTHAR'S SIGNAT	UNE						

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5	after	28
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	st, Middle, Last)  RRU	Mo	esha	<u>ERTIFI</u> //	CAIL	) P DE		2. DATE OF MONTH	DEATH DAY		3. TIME OF DEATH
4. SOCIAL SECURITY NUM  225-01-37	ABER (	5. SEX	6. AGE (In yrs. le	st birthday)	IF UNDER 1 YE	_	IDER 24 HRS.	7. DATE OF (Month, D	BIRTH		BIRTHPLACE (State or Foreign Country),
DEATEN A	institution, give st	med and number) MEdica	/ CENT	ER	96. CITY, TOY		ATION OF D			9c. COUNTY	
RESIDENCE OF DE	10b. COUNTY	,		11,111	TOWN OR LO		TTY				10d. INSIDE CITY LIMITS? 23 27 YES 2 NO
100. STREET AND NUMBER 3313 POR		TREET		2011	011110	101. ZIP (				10g. CITIZEN	OF WHAT COUNTRY?
11. MARITAL STATUS  OCCONEVER Married 2  3 Wildowed 4 Direction	7.00	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES 4	RMED NO	If yes	s, specify (		NIC ORIGIN? (1 an, Puerto Rice fy:		or No 14.	RACE — American Indian, Black, White, atc. Specify: BLACK
(Specify of Elementary/Secondary HIGH SCHO	OOL		S.	ECEDENT'S I Give kind of w e. Do NOT use	JSUAL OCCUI ork done during retired.)	g most of w		W.A	A.BAS		URNITURE C
17. FATHER'S NAME (First,  GEORGE  190. INFORMANT'S NAME	M	ARSHALL		9b. MAILING	ADORESS (St	E	SIZA	JAME (First, Mide JAME S	5		DRAPER
JESSIE  20a METHOD OF DISPOS TEPBURIAL 2 □ Cromat	MAN.		20b. PLACE	301		H A	VE . / E	BALTIN	10RE ,	MD CATION — City	2 1 2 1 6 or Town, Stata
4 Donation 5 Oth  21. SIGNATURE OF FUNER		500	als				MARCE				ille, N.C. NORTH AVE
23. PART I. Enter the shock, or IMMEDIATE CAUSE (F disease or condition resulting in death)	haart fallure.	complications the	t caused tha duse on each lin	e. Pur Tu	ot antar tha	moda of	dying, aud	ch as cardiad	or raspir	ratory arrest	Approximata Interval Batwe Onset and De
Sequantially list cond if any, leading to imm cause. Enter UNDERL CAUSE (Disease or in that initiated events resulting in death) LA	ediate YING Jury	с	(OR AS A CONSI	EOUENCE OF	):	5 164	eul e	rch's	ease		
	Condition	-/-	death but not	10	gos g	lying cau	se given in		PERFOR	MED?	24b. WERE AUTOPSY FINDIN MAILABLE PRIOR TO COMPLETION OF CAUSI OF DEATH?  1 YES 2 NO
PART II. Other algorithms Perturbers The	left for	40 Pros	29 70								
Parthera Hue Lacinon 25. WAS CASE REFERRED EXAMINER?	10 of 7	He Prod	aje	2 🗆 004	OTHER:			heck only one)			
Porthern  the  UNCTION  25. WAS CASE REFERRED  EXAMINER?  1   YES 2   NO  27. MANNER OF DEATH  1   Netural 6	Pending		INJURY	3 DOA	OTHER: 4 Nursing OF 28d	Home 5	Residence	6 🗆 Other (S		JURY OCCUP	DED
Portural  flue  LACEMON  25. WAS CASE REFERRED  EXAMINER?  1   YES 2   MO  27. MANNED OF DEATH	Pending investigation	HOSBITAL: 1 Impetient 2 28e. DATE OF (Month, L) 28e. PLACE C	INJURY	26b. TIME INJE	OTHER: 4   Nursing E OF   28c JRY   1	Home 5   INJURY / WORK?	Residence	6 Other (S	IBE HOW IN		NED Rural Route Number,
Portural  25. WAS CASE REFERRED EXAMINER?  1 YES 2  27. MANNEB OF DEATH  1 Netural 6  2 Accident  3 Suicide 6  4 Homicide  29a. CERTIFIER (Check only	Pending Investigation Could not be detargined	HOSPITAL: 1 Inpattent 2 [ 28s. DATE (Month, L 28s. PLACE (building,	FINJURY  PENJURY — At h  stc. (Specify)	26b. TIME INJE	OTHER: 4 Nursing OF 286 JRY M 1 Ireet, factory,	Home 5 INJURY / WORK?  YES  office	Residence	6 Other (S	ON (Street a Town, State)	nd Number or	
Port Never Hule  25. WAS CASE REFERRED EXAMINER?  1 YES 2 MO  27. MANNED OF DEATH  1 Natural 6   2  Accident  3  Suicide 6   4  Homicide  29a. CERTIFIER (Check only one) 2  ME	Pending Investigation Could not be detargined	HOSEMAL: 1 (Ampatient 2 (28a. DATE OF (Month, L)) 28a. PLACE (building, L) 28a. PLACE (building, L) 28a. PLACE (C) Enter the best of a control of the basis of the basis of th	FINJURY  PENJURY — At h  stc. (Specify)	26b. TIME INJE	OTHER: 4 Nursing OF 286 JRY M 1 Ireet, factory,	Home 5 I INJURY / WORK? YES office date and pon, death of	Residence	6 Other (S 28d. DESCR 28f. LOCATI City or te to the cause time, date an	ON (Street a Town, State)	nd Number or mer as stated. d dus to the c	Rurel Route Number,

32. REGISTRAR'S SIGNATURE

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0	PHYS	this	rked
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital attention	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use is the beful of the burla! cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
SIC	END	OR: A	90
3	ATT	RECTI	E 2
	10	L DI	I le
	SPITA	JERA Jin 72	T. H
	HO	MIT WITH	TAN
	置	THE	100
	2	23	*

Howard Markel
31. DATE FILEO (MONTH, Day Year)

JAN 25 1990

MD The Johns Ho 32. REGISTRAR'S SIGNATURE Julia Davidson-Pandall

The Johns Hopkins Hospital

	FOR	STATE OF MARY	I AND / DEPA	RTMENT OF I	HEALTH AND I	MENTAL HYGI	FNF	90	01630
	1 - STATE REGISTRAR  1. DECEDENT'S NAME (First, Middle, Last)		CERTI	FICATE OF	DEATH	REG.	NO.	90	3. TIME OF DEATH  935 PM
	4. SOCIAL SECURITY NUMBER		E (In yrs. lest birthday YRS.	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year	3/89		MD
TOR	9e. FACILITY NAME (If not institution, give si  5497 CEDONIA  RESIDENCE OF DECEDENT				OR LOCATION OF DI		9c. COU	NTY OF DE	ATH
DIRECTOR	10a. STATE 10b. COUNTY	1	5-74.8	ITY, TOWN OR LOCA					10d. INSIDE CITY LIMITS?
	10a. STREET AND NUMBER		BA	LTTMORI	H. ZIP CODE		10g. CITI	ZEN OF WI	HAT COUNTRY?
EB/	5497 CEDONIA	AVENUE			21206		,	ISA	
BY FUNERAL	11. MARITAL STATUS  1  Never Merried 2  Married  3  Widowed 4 Divorced	12. WAS DECEOENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	IN U.S. ARMED	If yes, s	CENDENT OF HISPAI	NIC ORIGIN? (Specify in, Puerto Ricen, etc. y:	Yee or No-	14. RACE Black,	— American Indian, White, etc.  BLACK
COMPLETED	18. DECEOENT'S EOU (Specify only highest grade Elementary/Secondary (0-12)		16a. DECEDENT (Give kind of life. Do NOT	'S USUAL OCCUPATION work done during muse retired.)	ON ost of working	18b. KIND OF	BUSINESS/IND	DUSTRY	
BE CON		MYERS			TRAC		GRII		
5	190. INFORMANT'S NAME (Type/Print)  RONALD MYERS	3				Route Number, City or $UE/BALT$ .			21206
	20s. METHOD OF DISPOSITION  ###################################	oval from State		OSITION (Name of ce			LOCATION —		n, State  DEL CO, MD
	21. SIGNATURE OF FUNERAL SERVICE LIC	Wane			MARCH		101 W.	NO.	RTH AVE.
	23. PART I. Enter the disesses, or a shock, or heart failure.  IMMEDIATE CAUSE (Final	List only one cause on	esch lina.			ch as cerdiac or re	spiratory sr	rest,	Approximate interval Between Onset and Death
	disease or condition resulting in death)	DUE TO (OR AS							Birth
LION	Sequentially list conditions, if any, leading to immediate			Syndro					
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c. Paten OUE TO (OR A) Vent	t ducti s a consequence	is arter	rosus beect				
CE					1				
PHYSICIAN: MEDICAL	PART II. Other significant condition	a contributing to death	but not resultin	g in the underlyie	ng cause given in	PEF	S AN AUTOPSY IFORMED?		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
ICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	PLACE OF DEATH (C/				
	27. MANNER OF OEATH  1 Netural 8 Pending	28a. DATE OF INJUR (Month, Day, Yea	Y 26b. 1	TME OF 28c. IN	JURY AT ORK? YES 2 NO	6 Other (Specify) 26d. DESCRIBE HO	OC YRULMI WC	CURED	
TED BY	2 Accident Investigation 3 Suicide 6 Could not be determined	28e. PLACE OF INJU- building, etc. (S	IRY — At home, farm			261. LOCATION (St. City or Town, S	reet and Number Itale)	or Rural Ro	oute Number,
COMPLET	ann)	ICIAN: To the best of my kn							and menner sa stated.
BE	296. SIGNATURE AMOTTITLE OF CERTIFIE	Plano (	Vinical Fell lediatro		29c, LICENSE NU	(Marylano	\		(Month, Day, Year) 23,1990
2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF			31710	- Alterio	7		7.715

DHMH-16 Flov 1/89

21205

Baltimore MD

led at once.

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Final TO THE FUNERAL DIRECTION: After this certificate has been signed by the attending physician and completely filled in by the funeral de filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examinant DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
ISTRAR	CERTIFICATE OF DEATH	REG. NO.

	FOR STATE REGISTRAR	STATE OF MA				OF HEALTH		NTAL HYGIE			
	1. DECEDENT'S NAME (First, Middle, Last)							DATE OF DEATH	DAY	VEAR	3. TIME OF OEATH
	Josephi	ne B.	Nic	kev				month anuary 2		YEAR	м
	4. SOCIAL SECURITY NUMBER		AGE (In yrs. lust		IF UNDER 1	1	24 HRS. 7. I	DATE OF BIRTH		8. BIRTH	PLACE (State or Foreign
	219-10-0877	1 M 2 🐴 F	64	YRS.	MONTHS	DAYS HOURS	MIN. A	(Month, Day, Year) ug. 16,	L925	Mary	land
ĺ	9a. FACILITY NAME (If not institution, give :	street and number)			9b. CITY, 1	OWN OR LOCATIO				NTY OF D	EATH
٣ ا	3910 Kimble Ro	ad				Baltimo	re				
ಕ	RESIDENCE OF DECEDENT										
DIRECTOR	Maryland 10b. COUNT	Υ			on altim						10d. INSIDE CITY LIMITS?
	-			Ь	alti	_					1 X YES 2 NO
RAI	100. STREET AND NUMBER 3910 Kimble Road					101. ZIP CODE 212			10g. CIT		C 7
FUNERAL		[]			Total Control						S.A.
5	11. MARITAL STATUS  1 Never Married 2 Married	12. WAS DECEDENT E FORCES? 1	YES 2 ZIN		H	res, specify Cubs	n, Mexican, Pu	ORIGIN? (Specify 1 uerto Rican, etc.)	aa or No		— American Indien, , White, etc.
B	3 Widowed 4 Divorced	IF YES, GIVE WAR	OR DATES		11	TES 2 THO	Specify:			Whit	
	15. DECEDENT'S EDU		16a. DEC	EDENT'S	USUAL OCC	UPATION		16b. KIND OF 8	USINESS/INI		
	(Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5+)	(GW	e kind of v Do NOT us	vork done du se retired.)	ring most of workin	g	Associ	ated	Welfa	are
립	11		Sec	cret	ary			Edemit	y Cor	р.	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					16. MOTH	HER'S NAME	First, Middle, Maide	n Sumeme)		
BEC	Joseph Brocato					Ma	ry Dip	aola			
	19a. INFORMANT'S NAME (Type/Print)		19b.	MAILING	ADDRESS	Street and Number	or Rural Route	Number, City or T	own, State, Zij	Code)	
일	Martina F. Sopho	cles		2217	Chap	el Vall	ey Lan	e, Timo	nium,	Md.	21093
	20a. METHOD OF DISPOSITION 1 X Burlel 2 Cremation 3 Rem	owal from State	other ple	Ce)		of cometery, crem			OCATION —	City or To	wn, State
	4 Donation 5 Other (Specify)	1	Dulane	ey V	-	Mem.Gd		<u> </u>	imoni	um, l	Md.
	21. SIGNATURE OF FUNERAL SERVICE LA	CENSITE /	/			AME AND ADDRES		neral Ho	T	-	
	1 had hi	tish						Towson			04
	23. PART i. Enter the diseases, or			rth. Do r	_				•		Approximate
- 1	shock, or heart fallure.  IMMEDIATE CAUSE (Final										Interval Between Onset and Death
	disease or condition	MULT	IPLE	P	175	LOMH					5.5 YR
	resulting in death)	4	AS A CONSEQ								
z		h.									
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OF	AS A CONSEQ	UENCE O	F):						
2	CAUSE (Disease or Injury	c									
늗	that initiated events resulting in death) LAST	DUE TO (OF	AS A CONSEQ	UENCE O	F):						İ
<b>E</b>		d									
CAL	PART II. Other significant condition			sulting	in the und	erfying cause	given in Par		UN AUTOPSY ORMED?	24b	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO
	SEVERE OST	EOPOROS	IS					1 TYES			COMPLETION DF CAUSE OF DEATH?
밀											1 YES 2 NO
2								-			
Ž	25. WAS CASE REFERRED TO MEDICAL					26. PLACE OF D	EATH (Check	only one)			
S	EXAMINER?	HOSPITAL: 1   Inpetient 2   E	R/Outpatient 3	□ DOA	OTHER 4   Hursi	ng Home 5 Re	seldence 6 🗆	Other (Specify)			
PHYSICIAN: MEDI	27. MANNER OF DEATH	28a. DATE OF IN. (Month, Day,		28b. TR	E OF JURY	8c. INJURY AT WORK?	28	d. DESCRIBE HOV	V INJURY OC	CURED	
BY	1 Netural 5 Pending 2 Accident Investigation				м	1 YES 2	NO				
	3 Suicide 6 Could not be	28e. PLACE OF I building, etc	NJURY At hor (Specify)	ne, farm,	street, facto	ry, office	26	f. LOCATION (Stre City or Town, Str		r or Aurel I	Route Number,
Ë I	4 Homicide determined										
2	29a. CERTIFIER 1 CERTIFYING PHYS	SICIAN: To the best of my	knowledge, der	eth occum	ed at the tir	ne, data and place	, and due to t	the cause(a) and r	nanner as str	sted.	
Σ Ι	One) a T MEDICAL EVANIN	ER: On the basis of exam	nination and/or k	rweetigati	on, in my op	Inion, death occu	red at the time	e, data and place,	and due to t	he cause(s	a) and manner as stated.
0	Z MEDICAL EXAMIN			_		29c. LIC	ENSE MUMBE	B ->	29d. DA	TE SIONED	Marine Services
E COMPLETE	29b. SIGNATURE AND TITLE OF CERTIFIE	RO AL	-ml	)			11/				
8		"ett=	-ml	ر		D	I 46 Z	25	•	1 3	90
	296. SIGNATURE AND TITLE OF CERTIFIE  30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE							<b>•</b>	1/2	25/90
8	296 SIGNATURE AND TITLE OF CERTIFIE  20. NAME AND ADDRESS OF PERSON W  John A. Nesbitt	HO COMPLETED CAUSE 3rd M.D.	201 E.						re, M	1/2	25/90
8	296 SIGNATURE AND TITLE OF CERTIFIE  20. NAME AND ADDRESS OF PERSON W  John A. Nesbitt	HO COMPLETED CAUSE	201 E.						re, M	1/2	25/90
8	296 SIGNATURE AND TITLE OF CERTIFIE  20. NAME AND ADDRESS OF PERSON W  John A. Nesbitt	HO COMPLETED CAUSE 3rd M.D.	201 E.			ity Parl			re, M	1/2	25/90

1 - STATE REGISTRAR	STATE OF MARYL		ENT OF HEALTH A		HYGIENE REG. NO.	20 0100
1. OECEOENT'S NAME (First, Middle, ELISABET		FFENBERGER		2. DATE OF MONTH Jan.	24, DAY 1990	3. TIME OF DEATH 2:15 P.
4. SOCIAL SECURITY NUMBER 219-26-3883  9a. FACILITY NAME (If not institution,	1 □ M 2 🖾 F 8	2 YRS. MON		Min. (Month, L Jan. 2	BIRTH Day, Year) 1908	BIRTHPLACE (State or Foreign Country) Germany
Church Hospita	al Corp.		CITY, TOWN OR LOCATION Baltimore	OF OEATH	9c. COUNT	Y OF OEATH
	DUNTY	Balti	MN OR LOCATION			10d, INSIDE CITY LIMITS? 1X YES 2 NO
100. STREET AND NUMBER 1814 Gough Str	reet.		101. ZIP COOE 21.231		10g. CITIZE Germ	N OF WHAT COUNTRY?
11. MARITAL STATUS  1 Never Married 2 Merried  3 Widowed 4 Divorced	12. WAS DECEDENT EVER I	2 NO	13. WAS OECENOENT OF		(Specify Yee or No.— 1	4. RACE — American Indien, Sleck, White, atc. Specify: White
15. DECEDENT' (Specify only highest Elementary/Secondary (0-12)	S EOUCATION grade completed)  College (1-4 or 5+)	18a. DECEDENT'S USU. (Give kind of work of Me. Do NOT use red Domestic	lone during most of working		eaning	STRY
17. FATHER'S NAME (First, Middle, La Andreas Witte	st)				idle, Meiden Sumeme)	TUI
190. INFORMANT'S NAME (Type/Print William C. Wit			RESS (Street end Number of dgewood Dr.			ights, Ohio
20s. METHOD OF DISPOSITION 1-4 Burlel 2 Cremation 3 C 4 Donation 5 Other (Specify	Removal from State	b. PLACE OF DISPOSITIO	N (Name of cometery, cremet aus Cemeter	ory or	20c. LOCATION — CH Baltimor	e, Maryland
21. SIGNATURE OF FUNERAL SERVI		ey.)	George A.	Weber &	Sons Inc.	231
23. PART I. Enter the disease shock, pr heart fe IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Cas of		als A	g, such as cardia	oc or reapiratory arres	Approximate Interval Betwee Onset and Dea
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	<b>C</b> b.	A CONSEQUENCE OF):				
that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF):				
PART II. Other algorificant con	ditiona contributing to death	but not resulting in th	a underlying cause gi	Y .	24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 PMO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
26. WAS CASE REFERRED TO MEDI-	CAL :AOSPITAL: 1 Propertient 2 ER/Out		26. PLACE OF DE	ATH (Check only one)	SAME A	
2. MANNER OF DEATH  1 Natural 6 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK? M 1 YES 2	28d. OESC	RIBE HOW INJURY OCCU	JRED
2 Accident Investig  3 Suicide S Could r Homicide	28e. PLACE OF INJUR	Y — At home, farm, stree	, factory, office		TION (Street end Number of Town, State)	r Rural Route Number,
anal anal	PHYSICIAN: To the best of my kno- (AMINER: On the best of examinati					
96. SIGNATURE AND TITLE OF CE	elma n	nous pal	0.	SD 63	a. I .	SIGNED (Month, Day, Year)
	on who completed cause of D $AL$ , $M.D.$ 100 $N.$			MARYLAN	D 21231	
31. DATE FILED (Month, Day 1642)	32. REGISTRAS'S SIG	NATURE COMPANY				

actual for use as the burial-transit permit, Pages 1, 2, 3 should

the hospital or attending physician. BALTIMORE, MARYLAND 21203-3146

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner DIVISION OF VITAL RECORDS, P.O. BOX 13146,

OHMH-16 Rev 1/89

Pages 1, 2, 3 should

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marked,

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28

Item

Julia C. Goodin,

31. DATE FILED (Month, Day, Year) JAN 25 1990

TO THE HOSPITAL
TO THE FUNERAL I
DE filed within 72 h
IMPORTANT: It II

BALTIMORE, MARYLA

DIVISION OF VITAL RECORDS, P.O. BOX 13146, OR ATTENDING PHYSICIAN: The law DIRECTOR:

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR 1990 **OUARLES** Jr 20 9:08 A 8. BIRTHPLACE (State or Foreign 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In vrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) 215-22-4944 1 M 2 F VRS 61 10-7-1928 Md 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR University Hospital Baltimore RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10a, STATE 10b. COUNTY 10d, INSIDE CITY Md Baltimore 1 X YES 2 NO 10e. STREET AND NUMBER FUNERAL 101 ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 2311 Winchester Street S A 11. MARITAL STATUS 12. WAS DECEDENT, EYER IN U.S. ARMED FORCES? 1 YES 2 NO 14. RACE — American Indian, Black, White, etc. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-FORCES? 1XXYES 2 IF YES, GIVE WAR OR DATES 1 Never Married 2 Merried If yes, specify Cuben, Mexicen, Puerto Rican, etc.)

1 YES 2 NO Specify: BY 3 Widowed 4 Divorced **Black** COMPLETED 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY Elementery/Secondery (0-12) College (1-4 or 5 +) 17. FATHER'S NAME (First, Middle, Last) ts. MOTHER'S NAME (First, Middle, Melden Sumeme) James A. Quarles, Sr Inez Robinson 8月 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING AOORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 0 Willa Lee Demery 2409 W. Lafayette Avenue Balto, Md 21216 20a, METHOD OF DISPOSITION
1 Aburiel 2 Cremetion 3 Rem
4 Donation 5 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cometery, cremetory or 20c. LOCATION -- City or Town, Siete Garrison Forest Veteran Owings Mills, Md 22. NAME AND ADDRESS OF FACILITY

March F/H West 21. SIGNATURE OF FUNERAL SERVICE LICENSEE Drone Se noc 4300 Wabash Avenue Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, Approximate ahock, Dr heert feliure. List only Dne ceuse Dn eech line. interval Between Onset and Death IMMEDIATE CAUSE (Finel disease or condition Multiple injuries with complications reaulting in deeth) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events reaulting in deeth) LAST PART II. Other aignificant conditions contributing to death but not resulting in the underlying ceuse given in Part i. 24e, WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? t € YES 2 □ NO t X YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 M Inpetient 2 ER/Outpatient 3 DOA EXAMINER? OTHER: ng Home 5 - Residence 8 - Other (Specify) 27, MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28d. DESCRIBE HOW INJURY OCCURED 28b, TIME OF INJURY 28c. INJURY AT WORK? 1 Netural 5 Pending Investigation 1-9-90 3:10P 1 YES 2 NO Driver of auto/auto collision 87 2 X Accident 26e. PLACE OF INJURY — At home, farm, atreet, factory, office building, etc. (Specify) 261, LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 8 Could not be COMPLETED Road 4 Homicide Northpoint Blvd. & Eastern Ave. t \_ CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end memor as stated. (Check only one) 2 X MEDICAL EXAMINES: On the basic of examination end/or investigation, in my opinion, death occured at the time, date end place, and due to the cause(e) and menner es stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE OCME 1-21-90 0

111 Penn St., Balto., MD

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE

M.D.

DHMH-16 Rev 1/89

	examin	
OF FERRINA	1 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examine	
dilli,	the	
Cless	event	
DULIG	atic	
WIN IN	traum	
Sielle 1	other	
Ē	6	
MEIITA	njury,	
II dill	any	
s after death with the State Dept. Or nearly and mental hygiene prod to buried, cremation, or re-	shows	
Ced.	23	
STATE	Item	
me	0	
WILL	rked,	
Death	s ma	
апег	28	
cn.	-	

	1 - FOR STATE REGISTRAR	STATE OF MARYLAND /		OF HEALTH AND	MENTAL	HYGIENE REG. NO.	
	1. DECEDENT'S NAME (First, Middle, Last)	Deine			2. DATE		3. TIME OF DEATH
- 2	4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE (In yrs. lest	birthday) IF UNDER	1 YEAR IF UNDER 24 HRS.	7. DATE O	- 23 - 9	BIRTHPLACE (State or Foreign
	217-16-3938	1×4 2 □ F 66	YRS. MONTHS	DAYS HOURS MIN.	(Month		Md.
OR	Than Hosp	tal Center	9b. CITY	TOWN OR LOCATION OF DI	AL-	Mel Se COUNTY	OF DEATH
DIRECTOR	168. STATE 166. COUNT	Ÿ.	10c. CITY TOWN	OR LOCATION	2.4	•	10d. INSIDE CITY
	10e. STREET AND NUMBER		Rail	101. ZIP CODE	u	10g. CITIZEN	1 VES 2 NO
FUNERAL	1457 de	yxolde	St	3/2	30	Ule	8.9.
BY FU	1 Never Married 2 Married 3 Widowed 4 Divorced	WAS DECEDENT EVEN NU.S. ARI FORCES? 1 YES 2 N IF YES, GIVE WAR OR DATES	10	WAS DECENDENT OF HISPAI If yes, specify Cuber, Mexico 1 YES 2 NO Specif	en, Puerto P	? (Specify Yes or No— 14. lican, etc.)	RACE — American Indian, Black, Whita, etc. Specify:
03	15. DECEDENT'S EDU		CEDENT'S USUAL O	CCUPATION	16b.	KIND OF BUSINESS/INDUST	Axite
COMPLET	(Specify only highest grade	College (1-4 or 5+)	Do NOT use retired.)	during most of working	1-	Mario.	Barton
COM	17, FATHER'S NAME (SAL Affolia, Last)	0 . 0	Merce	18. MOTHER'S NA	AME (Figst, A	Alddle, Malden Surname)	markers)
BE	19a. INFORMANT'S NAME (Type/Print)	Celike 19th	. MAILING ADDRES	S (Street) and Number or Rural	Route Numb	CKULLL per, City on Yoym, State, Zip Co.	200.1
2	Handa &	cerke	1457	Reysal	de	St. Rue	t Meging
	20a. NETROD OF DISPOSITION  1 Surial 2 Cremation 3 Rem  4 Donation 5 Other (Specify)	oval from State	OF DISPOSITION (Na	Pol Con	oto	20c. LOCATION - City	or Town, Star 1207
. }	21. SIGNATURE OF FUNERAL SERVICE LIN	TENSIFE	8	MANE AND ADDRESS OF PA	ACILITY X	Things	Deepealy
1	23. PART I. Enter the diseases, or	led Doto	- 12	3078 S	it.	alle	mike
	shock, or heart failure.	List only one cause on each line.	atin. Do not enter	the mode of dying, suc	ch aa card	liac or respiratory arreas	Approximate Interval Batween Onset and Daeth
	disease or condition resulting in death)	a. OUE TO (OR AS A CONSEC	WHENCE OF	Helen	W	lolose	
N	Sequentially list conditions,	b					
CATIC	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (OR AS A CONSEC	DUENCE OF):				
CERTIFICATION	that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEC	DUENCE OF):				
	PART II. Other aignificant condition	d.	eaviting in the u	nderlying cause given in	Part I	24a. WAS AN AUTOPSY	24b. WERE AUTOPSY FINDINGS
DICAL						PERFORMED?	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PHYSICIAN: MEDIC							1 TES 2 TINO
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL;		26. PLACE OF DEATH (C	heck only on	ne)	L
YSI	1 TES 2 NO	1 - Inpatient 2 - ER/Outpatient 3	DOA 4 Nu	rsing Home 5 - Residence	6 🗆 Othe	r (Specify)	
ВУ РН	27. MANNER OF DEATH  11 Annual 5 Pending Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY M	28c. INJURY AT WORK?  1 YES 2 NO	28d. DES	CRIBE HOW INJURY OCCUP	ED
	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At hor building, etc. (Specify)	me, farm, street, fac	tory, office	281. LOC City	ATION (Street and Number or or Town, State)	Rural Route Number,
COMPLETED		ICIAN: To the best of my knowledge, de	ath occurred at the	time, data and place, and du-	a to the cau	use(s) and manner as ateted.	
COM	2 MEDICAL EXAMINI	ER: On the basis of examination and/or I	Investigation, in my	opinion, death occured at the	e Ilme, date	and place, and due to the c	ause(s) and manner as stated.
B	296. SIGNATURE AND TITLE OF CERTIFIE  Jan D.	" Them MO		D 37	IMBER	29d. DATE S	GNEO (Month, Day, Year) - 23 - 96
2	30. NAME AND ADDRESS OF PERSON WI	n (1	A	A D /	11	11 04	OER
	31. DATE FILED (Month, Day, Year)	32 REGISTRAR'S SIGNATURE	Anna I	1-1-	Jabu-	or Hospil	of LD

Edward Kara C

BALTIMORE, MARYLAND 21203-3146	DING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may expediency by the hospital or attending physician.	filter this certificate has been signed by the attending physician and completely filled in by the funeral direktor, pag. 5 should be retached for use as the burial-transit permit. Pages 1, 2, 3 s and man with the State Dent. of Health and Mental Hygiene prior to burial, cremation, or removal.	ust be notified at once.
BALTIM	er death. Page	he funeral dire	examiner r
	n 24 hours afte	thy filled in by that ation, or remove	the medical
IN OF VITAL RECORDS, P.O. BOX 13146,	that the death certificate be executed within	After this certificate has been signed by the attending physician and completely filled in by the funes leath with the State Dent, of Health and Mental Hyglene prior to burial, cremation, or removal.	marked, or item 23 shows any injury, or other traumatic event, the medical examiner rust be notified at once.
VITAL RECO	AN: The law requires	tificate has been signe s State Dept. of Health	ir item 23 shows a
SION OF	TENDING PHYSICI	DR: After this certifer death with the	8 is marked, o
DIVISIO	TO THE HOSPITAL OR ATTENDI	TO THE FUNERAL DIRECTOR: A	IMPORTANT: If Item 28 is

1. DECEDENT'S NAME (First, Middle,	Ruff							2. DATE OF	DEATH DAY		YEAR 70	3. TIME OF DEATH 0420AM
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs	s. lest birthday) YRS,	IF UNDER	DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF I (Month, De 10/0	y, Ybar)		Country	
9a. FACILITY NAME (If not institution,		00		9b. CITY	, TOWN O	R LOCATIO	ON OF DE		0/03	9c. COUNT		yland ATH
St. Agnes Hosp				Bal	timo	re						
RESIDENCE OF DECEDEN			10c. CI	TY, TOWN C	OR LOCAT	ION						10d. INSIDE CITY
Maryland Ba	ltimore		A	rbuti	us							LIMITS?
10e. STREET AND NUMBER					101.	ZIP CODE				10g. CITIZE		HAT COUNTRY?
5515 Link Aver						212:					USA	
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced		NT EVER IN U.S 1 YES 2 WAR OR DATES	<b>∑</b> NO		If yes, spe		n, Maxicai	IIC ORIGIN? (S n, Puerto Rica :		or No 1	4. RACE Black, Specify	American Indian, White, atc.
15. DECEDENT'S (Specify only highest		164	DECEDENT'S	S USUAL O	CCUPATIO	ON at of working	a	16b. KIP	D OF BUSI	NESS/INDU	STRY	
Elementary/Secondary (0-12)	College (1-4 or 5		(Give kind of life. Do NOT u									
17. FATHER'S NAME (First, Middle, Le	nr)		nousew	ite		10 MAY	IED'E MA	ME (First, Midd	elf	was mal		
Frederick Ruff	,					io. mori	CH S RAI	ma (riist, midd	we/Ue/i S	urneme)		
19e. INFORMANT'S NAME (Type/Print			195 MAILIN	0.400050	E (Charata	ad Mumbar	as Durant C	Route Number, (	City or Town	State Zin C	Code1	
								outus,				27
Leroy Roles  Rea. METHOD OF DISPOSITION  1 © Burlel 2 □ Cremetion 3 □	Removal from State	oth	5515	Linl	AVE	enue,	Arl		Mary 20c. LOC	rland ATION — CI	212 ty or Tow	vn, State
Leroy Roles  20e. METHOD OF DISPOSITION  1 © Burlel 2 Cremetion 3 C  4 Donetion 6 Other (Specify	Removal from State	oth	5515	Link	Ave arme of cent	enue,	Arl	outus,	Mary 20c LOC	rland ATION — CI	212 ty or Tow	m, State Maryland
Leroy Roles  20a. METHOD OF DISPOSITION  1 © Burlel 2 Cremetion 3 C  4 Donetion 6 Other (Specify  21. SIGNATURE OF FUNERAL SERVI	Removal from State	J. L.	5515 ACE OF DISPO or place) Oudon	Lind Park Park 22.	Ceme NAME AN	enue, eters do adores Sulph	Arl	outus,  our Am  Spring	Mary Bal brose	rland ATION - CO Ltimon Func I, Arl	212 ry or Tow re, eral outu	Maryland Home, Inc
Leroy Roles  20e. METHOD OF DISPOSITION  1 © Burlel 2 Cremetion 3 C 4 Donetion 6 Other (Specify  21. SIGNATURE OF FUNERAL SERVI  23. RART I. Enter the diseasest	Removal from State  CE LICENSEE  AND THE  OF complications to the complexity one of the	Louised the	5515 ACE OF DISPO	Link Park  22.  13	Ceme NAME AN 328 S	enue, crentetry, crent	Ar)	cury And Spring	Mary Bal brose	rland ATION - CO Ltimon Func I, Arl	212 ry or Tow re, eral outu	Maryland Home, Inc
Leroy Roles  20e. METHOD OF DISPOSITION  1 © Burlel 2 □ Cremetion 3 □  4 □ Donetion 6 □ Other (Specify  21. SIGNATURE OF FUNERAL SERVI  23. RART I. Enter the diseased abock, or heart fel disease or condition	Removal from State  CE LICENSEE  AND THE  OF complications to the complexity one of the	Louised the	5515 ACE OF DISPO	Link Park  22.  13	Ceme NAME AN 328 S	enue, crentetry, crent	Ar)	cury And Spring	Mary Bal brose	rland ATION - CO Ltimon Func I, Arl	212 ry or Tow re, eral outu	Maryland Home, Inc s, Md  Approximata Interval Between Onset and Death
Leroy Roles  to METHOD OF DISPOSITION  Bullet 2 Cremetion 3 Company  Bullet 2 Cremetion 3 Company  Company  Bullet 2 Cremetion 3 Company  Bullet 2 Company  Company	Removal from State  CE LICENSEE  For complications thure. List only one of the complete for	Louised the	5515  ACE OF DISPO OUDON  e death. Do line.	Link Park Park 13 not enter	Ceme NAME AN 328 S	enue, crentetry, crent	Ar)	cury And Spring	Mary Bal brose	rland ATION - CO Ltimon Func I, Arl	212 ry or Tow re, eral outu	Maryland Home, Inc s, Md  Approximata Interval Between Onset and Daeth
Leroy Roles  20e. METHOD OF DISPOSITION  15. Burlal 2   Cremation 3    1 Donation 6   Other (Specify  21. SIGNATURE OF FUNERAL SERVI  23. PART 1. Enter the diseased abock, or heart fail  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	Removal from State  CE LICENSEE  For complications thure. List only one of the complete for	bused the on each	5515  ACE OF DISPO OUDON  e death. Do line.	Link Park Park 13 not enter	Ceme NAME AN 328 S	enue, crentetry, crent	Ar)	cury And Spring	Mary Bal brose	rland ATION - CO Ltimon Func I, Arl	212 ry or Tow re, eral outu	Maryland Home, Inc s, Md  Approximata Interval Between Onset and Death
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Leroy Roles  20e. METHOD OF DISPOSITION  1 © Burlet 2 Cremetion 3 C  4 Donation 6 Other (Specify  21. SIGNATURE OF FUNERAL SERVI  23. RART I. Enter the diseased abock, or heart fellimmeter of the condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	Removal from State  CE LICENSEE  For complications the complete for the co	oth Local Action of the Color o	5515  ACE OF DISPONDED OUT ON THE PROPERTY OF	Link Park Park 13 not enter V25 COF):	K AVE  Ceme  NAME AN  3 28 S	enue, cronoctry, cronoctry, cronoctry, cronoctry, cronoctry, cronoctry, cronoctry, cronoctry, construction, constr	Arl	outus, Spring	Mary 20c. LOCG Bal brose Road	vland ATION — CI. Limon E Fune I, Arl	212 re, eral outu	Maryland Home, Inc s, Md  Approximata Interval Between Onset and Dasth I menth Years
Leroy Roles  20e. METHOD OF DISPOSITION  10. Burlel 2   Cremetion 3    4   Donetion 6   Other (Specify  21. SIGNATURE OF FUNERAL SERVI  23. RART I. Enter the diseased shock, or heart fel  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	Removal from State  CE LICENSEE  For complications thure. List only one of the following the followi	oth Like the search of the sea	5515  ACE OF DISPONDED OUT ON THE PROPERTY OF	Link Park Park 13 not enter 15 V25 COF):	K AVE  Arme of center  Center  NAME AN  3 28 S  r the mo	enue, crement, cremen	Ark  Secusion of the security of the secusion of the security	CHITY And Spring has cordlect	Mary 20c. LOC. Bal brose Road or respire	vland ATION — CI L TIMOT E Fune I, Ari MITOPSY MED?	212 re, eral outu	Maryland Home, Inc s, Md  Approximata Interval Between Onset and Death
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Leroy Roles  20e. METHOD OF DISPOSITION  1 © Burlet 2   Cremetion 3    4   Donetion 6   Other (Specify  21. SIGNATURE OF FUNERAL SERVI  23. RART I. Enter the diseased shock, or heart fel immediate cause or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant con CHF dilectory in the condition of the cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	Removal from State  CE LICENSEE  Of complications to flure. List only one of the complex to the	oth Like on each here on each of the color o	5515  ACE OF DISPO O'C PIGEO O'C PIG	DEPI:	AVE AVE AME AN AME AN AME AN AME AN AME AN AME AN AME AN AME AN AME AN AME AN AME AME AME AME AME AME AME AME AME AME	enue, retery, crent etery to appresent to appresent to appresent to appresent to appresent to appresent to appresent to appresent to appresent to appresent to appresent to appresent to appresent to appresent to appresent to appreciate the appreciate to appreciate the appreciate to appreciate the appreciate to appreciate the appreciate to appreciate the appreciate the appreciate to appreciate the appreciate t	Arlantory or 7 SS OF FAMILY S Ing., such	Pert I. 24	Mary  20c. LOG  Bal  brose  Road  or respiration  e. WAS AN A  PERFORM  PERFORM  VES 2	vland ATION — CI LTIMOTO E Fune II, Ari MITOPSY MED?	212 ty or Tov re, eral outu st,	Maryland Home, Inc s, Md  Approximata Interval Between Onset and Daeth I menth Years  WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Leroy Roles  20e. METHOD OF DISPOSITION  10 Burlel 2   Cremetion 3   4   Donetion 6   Other (Specify  21. SIGNATURE OF FUNERAL SERVI  23. RART I. Enter the diseased abook, or heart fail  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initieted events resulting in death) LAST  PART II. Other significant con  CHF, dilector of the conditions of the c	Removal from State  CE LICENSEE  For compileations thure. List only one of the compileations the compileations of	oth  Ix  Ix  Ix  Ix  Ix  Ix  Ix  Ix  Ix  I	5515  ACE OF DISPONDING PROPERTY OF PAGE OF DISPONDING OF DISPONDING OF THE PAGE OF THE PA	DEPICE OTHER	AVE AVE AME AN 328 S The mo  OCU  AN AME AN 328 S The mo  AME AME AME AME AME AME AME AME AME AM	enue, retery, crent etery to appresent to appresent to appresent to appresent to appresent to appresent to appresent to appresent to appresent to appresent to appresent to appresent to appresent to appresent to appreciate the appreciate to appreciate the appreciate to appreciate the appreciate to appreciate the apprecia	Arlastory or 7 SS OF FAMILY STORY SPECIAL SPEC	Part I. 24	Mary  20c. LOC  Bal  brose  Road  or respira  a. WAS AN A  PERFORM  PERFORM  VES 2	vland ATION — CI L timor E Fune I, Arr Mory arre	212 Try or Tow re, eral outu st,	Maryland Home, Inc s, Md  Approximata Interval Between Onset and Daeth I menth Years  WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

900 Caton AVE, BALTIMORE, MD

ZALPH ALHALEL . MD Ralph Jauna 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print)

32. REGISTRAR'S SIGNATURE

1 : Timber Pudas

ALHALEL

RALPH

31. DATE FILED (Month, Day, Year)

1 / 2 JAN 2 5 1968

DHMH-16 Rev 1/89

29d. DATE SIGNED (Month, Day, Year) 1/22/90

21229

Company Water

detached for use as the burial-transit permit, Pages 1, 2, 3 should ars after death. Page 6 may be proposed by the hospital or attending physician. BALTIMORE, MARYLAND 21203-3146 TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2× mours after death. Page 6 man TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral directivity be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

COMPLETED BY FUNERAL DIRECTOR

1-30-90 cm #16a,3
FOR
1 - STATE AFGISTRAR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR			CE	RTIFIC	ATE	OF DEATH	·	REG. NO.			
1. DECEDENT'S NAME (First	Middle, Last)						2. DATE OF MONTH	DEATH	W	YEAR	3. TIME OF DEATH
Dorothea	Schre	ever Robert	con					24 1	**	TEAH	11:30a
4. SOCIAL SECURITY NUME			E (In yrs. lest	t birthday)	F UNDER 1 YE	AR IF UNDER 24 HRS.	7. DATE OF	BIRTN			NPLACE (State or Foreign
196-18-458	39	1 🗆 M 2 💢 F	65	YRS. MC	ONTHS DA	WS HOURS MIN.	Feb.	27 1	924	Count	<sup>n)</sup> PA
9a. FACILITY NAME (# not in		freet and numbers		0	CITY TO	WN OR LOCATION OF D	EATH		00 001	NTY OF D	DEATH
Union Men	-				B. CITT, 10	Baltimore			96. COC	MIT OF L	PEAIN
1		nospital				Darchiore					
RESIDENCE OF DEC	10b. COUNTY	v		10c. CITY, 1	DWN OR I	OCATION					10d, INSIDE CITY
Md.		Baltimore				ddle River					LIMITS?
		Darchiore									1 YES 2 NO
10e. STREET AND NUMBER	5					101. ZIP CODE 21220	1		10g. CI1	USA	WHAT COUNTRY?
34 Longero	on Dri	ve				21220	,			ממט	
11. MARITAL STATUS		12. WAS DECEDENT EVER				DECENDENT OF NISPA			or No-	14. RAC	E — American Indian, k, White, etc.
1 Never Married 2 1		FORCES? 1 YE	DATES X	10	1 🗆	s, specify Cuban, Maxico YES 2 NO Specific	an, Puario Rici V:	in, arc.)			
3 Widowed 4 Divo	rced						•			,	White
	EDENT'S EDU		16a. OE	CEOENT'S US	UAL OCCU	PATION	18b, KI	ND OF BUS	SINESS/IN	DUSTRY	
Elementary/Secondary (I	y highest grade	College (1-4 or 5+)	IIIe.	Do NOT use r	etired.)	ng most of working					
12th	,		N	urse		xecutive ecretary	J	ohn :	Hopk	ins	
17. FATNER'S NAME (First, M	liddle, Lest)				- 00	18, MOTHER'S N/	AME (First Mirt	tto Mairian	Sumama		
						all the second of the second			Jan milita)		
George S	chrey	er	Т.	and to the			ie De		-		
James Robe			198	34 T	DINCESS (St	on Drive	Baltin	Ore	MAr	ylan	d 21220
								,			
20a, METHOD OF DISPOSIT 1 Burlal 2 Cremeter	ION on 3 🗆 Ram	oval from Stata	other pla	OF DISPOSITI	ION (Name	of cemetery, crematory or		20c. LO	CATION -	City or T	own, Stata
4 Donation 5 Other	(Specify)		Hol	lv Hil	L1 Ce	meterv		Ba	ltim	ore	MAryland 🔠
21. SIGNATURE OF FUNERA	L SERVICE LIC	CENSEE				ME ANO ADDRESS OF FA					01001
<b>▶</b> / ₹.	11.	F	111	/	Co	nnelly Fur	neral F	Iome	300M	AceA	ve. 21221
Com	ely	runusas	10	me	1						
23. PART I. Enter the d	lseeses, or	complications that cause or List only one cause or	ed the de	ath. Do not	enter the	mode of dying, suc	ch as cerdle	or reepl	iratory a	rreat,	Approximete interval Between
IMMEDIATE CAUSE (FI	_	List only one cause of	OECH IIIIo	•							Onset and Death
disease or condition	<b>→</b>		Cal	diac	ahr	buth mia					mintes
reaulting in death)		DUE TO (OR A	S A CONSEC	DUENCE OF):		ligth mia				-	
1	_		Pn	malile	hun	scardial	- lite	uhin	_		marate
Sequentielly list condit		b. DUE TO (OR A	S A CONSEC	DUENCE OFI:							7700
If eny, leading to imme cause. Enter UNDERLY			770	100 TI	- 1.	neclim des	Mad at a				l Lu
CAUSE (Disease or Inju		CDUE TO (OR A)	S A CONSE	THENCE OF	ny	years -	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				Jun
that initiated events resulting in death) LAS	T T	552 10 (511 )		a Ti	1.	115	11.6				11.0
		d,	19	20 ()	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-104					your
PART II. Other significa	nt condition	na contributing to death	but not r	esulting in	the under	rlying ceuse given in	Part I. 2	la. WAS AN		24	b. WERE AUTOPSY FINDINGS
The	ru. TT	Dialite m	Met	2				PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAUSE
· · · · · ·							—   ¹	YES 2	NO		DF DEATN?
							_				1 TYES 2 NO
25. WAS CASE REFERRED 1 EXAMINER?	O MEDICAL					26. PLACE OF DEATH (C	heck only one)				
1 K YES 2 NO		HOSPITAL: 1   Inpetient 2   ER/0	utpatient 3		OTHER:	Nome 5 - Residence	a Other (S	Specify)			
27. MANNER OF DEATN		28s. DATE OF INJUR		28b. TIME	OF 28	c. INJURY AT	28d. DESCF		NJURY O	CCURED	
1 🔀 Natural 5 🗌	Pending	(Month, Day, Yea	7)	INJUR		WORK?					
2 Accident	Investigation	28e. PLACE OF INJU	IRV — At he	me form etc			28f LOCATI	ON (Stone)	and Numb	or or Purel	Route Number.
3 Suicide 8 Homicide	Could not be determined	building, atc. (S	pecify)	nine, ierin, acre	set, factory,	Office		Town, State)		er or nuren	House Number,
29a. CERTIFIER (Check only CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.											
anal	ICAL EXAMINE	ER: On the basis of examina	itlon and/or	Investigation,	In my opin	ion, death occured at th	e time, data an	d place, ar	nd due to	the cause	(a) and menner as stated.
29b. SIGNATURE AND TITLE	OF CERTIFIE	R				29c, LICENSE NU	IMBED		204 04	TE SIONE	D (Month, Day, Year)
A COLL		edich, m	0						29G. U/	IL SIGNE	7 -
Muller		, ,				100 8	283			1175	190
30. NAME AND ADDRESS O	F PERSON WI	10 COMPLETED CAUSE OF									
G. Willia	n KE	NEDICT M	D. 1	4W.	MT.	VERNOW	PL.	BAL	TO.	MD	21201
31. DATE FILED (Month, Day,	Year)	32. REGISTRAR'S S	GNATURE								
I IAN 2 3 W	m 1	15 A 24 M	0.00								

1	•	FOR STATE REGISTRAR
1	•	

REGISTRAR  1. DECEDENT'S NAME (First, Middle, Las	0	С				2. DATE O	F DEATH			3. TIME OF DEATH
HARRY E RAPE	OT.D					MONTH JA	NT TAT	.23,	90	3:45 p
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. In	est birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE O	The state of the s			IPLACE (State or Foreign
215-03-1316	1 🔀 M 2 🗆 F	76	YRS.	MONTHS DAYS	HOURS MIN.		Day, Year)	2	Counti	ry)
9s. FACILITY NAME (If not institution, giv	etmat and number	1 70		DE CITY TOWN	OR LOCATION OF D		02/1	Y	NTY OF D	ryland
						EAIN		9C. COO	NIT OF D	EATH
CHURCH HOSPITA	L CORPO	RATION		BALT	IMORE					
10s. STATE 10b. COUL			10c. CI	TY, TOWN OR LOCA	ATION					10d. INSIDE CITY
MD -			,	Baltimo	200					LIMITS?
MD  100. STREET AND NUMBER			1 1		DI. ZIP CODE			40 - 017		YES 2 NO
				The state of the s						WHAT COUNTRY?
7910 EAST 33F					21237				I.S.	
1 Never Married 2 Merried	12. WAS DECEDE	NT EVER IN U.S. A	NO		CENDENT OF HISPA pecify Cuban, Mexic			or No—	14. RACI Blaci	E — American Indian, k, White, atc.
3 Widowed 4 Divorced	IF YES, GIVE	WAR OR DATES		1 🗆 YE	S 2- NO Speci	y.			Spec	Hy:
15. DECEOENT'S E	I I									White
(Specify only highest gra	de completed)	16a. D	Give kind of	Work done during in use retired.)	ION nost of working	18b. F	IND OF BUS	BINESS/INI	DUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5	0+)				- 1				
9th			Furr	niture					ure	Warehou
17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S N					
William H. R	appold					na Bi				
19a. INFORMANT'S NAME (Type/Print)		19	9b. MAILIN	O ADDRESS (Street	and Number or Rural					
Mrs. Dorothea	Hebbel		812	22 Anal	ee Ave.	Bal	to.	Md.	212	237
20m. METHOD OF DISPOSITION		20b. PLACE	OF DISPO		emetery, crematory or		4	CATION -		
1 Buriel 2 Cremation 3 Red 4 Donation 5 Other (Specify)	moval from State	other p	O/ace)	ak Lawn	Cemete	זדיר	1	Rel +	0	MIA
21. SIGNATURE OF FUNERAL BEHVIOLE				22. NAME	AND ADDRESS OF F	ACILITY				
a Monta!	0.0									
	- VII.			Har	tley Mi	ller	Fune	eral	Ho	me
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BALTIMORE, MARYLAND 21203-3146 urs after death. Page 6 men TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, be filed within 72 hours after death with the State Dept. of Health and Mental Hydiene prior to burlal, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must

described for use as the burial-transit permit. Pages 1, 2, 3 should

The hespital or attending physician.

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e 5 should be detached for use as the burial-trapsit MARYLAND 21203-3146 retained by the hospital or attending physician.

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Pale 8 rdby by retained by the hois TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fune. Officially, pale 5 should be detache be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR	CERTIFIC	CATE OF	DEATH	REG. NO	).		
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH	DAY		3. TIME OF DEATH
	BRENDA B. RESPASS				ianuary	24	1990	6:58 A M
		(In yra. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	4.5	S. BIRTH	PLACE (State or Foreign
	245-82-3319 1 M 2 💢 F	40 YRS.	MONTHS DAYS	HOURS MIN.	1/10/50			NC
OR	99. FACILITY NAME (If not institution, give street and number) THE JOHNS HOPKINS HOSPITAL		BALTIM	ORE CIT		100	LTIMO	
5	RESIDENCE OF DECEDENT  100. STATE  10b. COUNTY	10.077	TOWN OR LOC					
DIRECTOR	MD		TIMORE	ATION				10d, INSIDE CITY LIMITS?  1) YES 2 NO
FUNERAL	4037 THE ALAMEDA		1	01. ZIP CODE 2121	8	10g. CI	USA	VHAT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced  12. WAS DECEDENT EVER IF FORCES? 1 YES IF YES, GIVE WAR OR D	2 XNO	If yes, s	CENDENT OF NISPA pecify Cuban, Maxico S 2 NO Specif	NIC ORIGIN? (Specify Yen, Puerto Rican, etc.)	e or Ng-		E — American Indian, k, White, etc.
ETED	15. DECEDENT'S EDUCATION	16a. DECEDENT'S L	SUAL OCCUPAT	ION	16b. KIND OF BU	JSINESS/IN	OUSTRY	DENOIL
	(Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5 +)  2 Y R S	SECRE	ork done during in retired.) ΤΔΡ.V	lost of working	10HNS	: ПОВ	N TNIC	HOSPITAL
COMPL	17. FATHER'S NAME (First, Middle, Lest)	JECKE	TAINT	18 MOTHER'S NA	AME (First, Middle, Maide			HUSPITAL
BEC	GEORGE L. BROWN			LEANNA		, comeney		
	19e. INFORMANT'S NAME (Type/Print)	19b. MAILING	ADDRESS (Street	and Number or Rural	Route Number, City or Tox	wn, State, 2	(ip Gode)	
2	ALTON REPASS	4037 T	HE ALAN	MEDA/BALT	IMORE, MD	212	18	
	1 K Burial 2 Cramation 3 Removal from State	other place)		emetery, crematory or	20c. Li	DCATION -	- City or To	wn, State
	4 Donation 5 Other (Specify)	DAK GROVE	CHURCH	CEMETER	Y ELI	ZABE	TH C	ITY, NC
	21. SIGNATURE OF FUNERAL SERVICE LICENTICE	_		AND ADDRESS OF FA				
-	trame / tra		WM. (	. MARCH	F/H 1101 E	. NO	RTH /	AVENUE
	23. PART I. Enter the diseases of complications that couse shock, or heart failure. List only one cause on a IMMEDIATE CAUSE (Final disease or condition resulting in death)	AWES	T.	ode of dying, aud	ch as cardlec or resp	olratory s	rrest,	Approximats Interval Between Onset and Death 30min
N N	Respu	A CONSEQUENCE OF	husuf	frience	4			Zmin
CERTIFICATION	CAUSE (Disease or Injury	18tlm (	Dryan	Failu	£			months
ERT	that initiated events resulting in death) LAST	C.	odes	4 Sep	080			month
	PART II. Other significant conditions contributing to death i	but not resulting in	the underlyl	ng cause given in	Part I. 24s. WAS A		Y 246	WERE AUTOPSY FINDINGS
DICAL		iui.			PERFO	RMED?		AMAILABLE PRIOR TO COMPLETION OF CAUSE
ш	MUNIC Encephalos	path						OF DEATH?
-			-					
NA N	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			PLACE OF DEATH (C/	heck only one)			
2	1 YES 2 NO 1 Nopellant 2 ER/Out		OTHER: 4 - Nursing Ho	me 5 🗆 Residence	6 Other (Specify)			
Y PHYSICIAN: M	27. MANNER OF DEATH  26s. DATE OF INJURY (Month, Day, Year)  Parceloge Investigation	26b. TIME	JRY V	JURY AT PORK? YES 2 NO	26d. DESCRIBE HOW	INJURY O	CCURED	
ED BY	2 Accident Investigation 3 Suicide 6 Could not be determined building, etc. (Spe	Y — At home, farm, st	ireat, fectory, off	Ice	261. LOCATION (Street City or Town, State		er or Rural i	Route Number,
OMPLETED	29a. CERTIFIER							
M	(Check only 1 CENTIFTING PHYSICIAN: 10 the best of my know							
5	2 MEDICAL EXAMINER: On the basis of examinate	on and/or investigation	, in my opinion,	destin occured at the	time, date end place, e	ind due to	the cause(	e) and manner as stated.
O BE	Susar Blhe MS	7		29c. LICENSE NU	MBER	29d. D/	I 24	(Mosth, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DI	HT) S AT 1/0 (		uedoso Ox	Greenspr	R	a Oro	NO ZIZOS
	31. DATE FILED (Month, Day, Year) 5 32. REGISTRAR'S SIGN	NATURE 4		- Cold all	1. 2.3700	7 10	-C-Y C	, 5(2-5)
	1/24/2AN 2 5 1990 5 Davi	dson-Aanda	8					

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TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral direction pages 5 should be detach-		IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must Be metified at once.
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DIR	hou	Te.
RAL	n 72	# 2
FUNE	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IAN
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JAN 2 5 1990

	EDENT'S NAME (First, Middle, Lest, ROOS	EVELT		ERTIF						REG. NO.	9 19	990ª	3. TIME OF DEATH 10:51 p.m.
4. SOC	IAL SECURITY NUMBER	5. SEX	SR . 6. AGE (In yrs. In	st birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE C	OF BIRTH			HPLACE (State or Foreign
	3-07-0777	xx M 2 □ F	83	YRS.	MONTHS	DAYS	HOURE	MIN.	5-2	Day, Year)		Count	7A.
	E JOHNS HOPKIN		L		BALT		RE C		ATH		BALT]	IMOR	
RESII	ATE 10L COUN	TV		I 400 CIT	ry, TOWN O	D LOCAT	TION						10d. INSIDE CITY
	MD				ALTI	MOR	E C						LIMITS?
	REET AND NUMBER  434 EAST BT	חחד.ד פתו	क्रमः <i>प</i> र			101	. ZIP COD	E 2121	13		10g. CIT	USA	WHAT COUNTRY?
11. MAF	RITAL STATUS ever Married 3 Married //dowed 4 Divorced	12. WAS DECEDEN		INO	н	f yes, sp	ENDENT C	OF HISPAN	IIC ORIGIN: n, Puerto R	? (Specify Yes	or No—	14. RAC	E — American Indien, ik, White, etc.
Flor	15. DECEDENT'S ED (Specify only highest grad mentary/Secondary (0-12)	UCATION de completed) Collège (1-4 or 5	S		USUAL OC work done d			ng	16b.	KIND OF BU	SINESS/INC	DUSTRY	DHACK
	A	Conege (1-4 or 3		NA					R	ទេហៈមក.អ	HTM	STI	EEL CORP.
	HER'S NAME (First, Middle, Last)						18. MOT	HER'S NA		liddle, Melden			
T	HOMAS	JESSE					Re	OSA	LEI	E	JESI	SE	
	FORMANT'S NAME (Type/Print)									er, City or Tow			
M	ATTIE RO	OSEVELT		2434	EAS	T $E$	RIDD.	LE 3	STRE	ET/BA	LTO	., 1	MD 21213
1.00 Bu	ETHOD OF DISPOSITION urial 2 Cremation 3 Reportion 8 Other (Specify)	moval from State	20b. PLACI	E OF DISPO	SITION (Ne	me of ce	metery, crei	metory or	~ = 1.4		CATION —		
7			KII	NG M	EMOR	IAI	PA	KK (	H.M.	RAN	DAL	LSTC	JWIV. MD
21. SIG	NATURE OF FUNERAL SERVICE I	JCENSEE	_   K.L.	NG M	EMOR 22.1					RAIN	DALI	LST(	OWN, MD
	NATURE OF FUNERAL SERVICE I	Was	دعہ		22. f	M. C	ND ADDRE	ARCI	CILITY  H F.	н. 11	101	E. 1	NORTH AVE
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23. PART Sequelif environment	ART I. Enter the diseases, on shock, or heart failure DiATE CAUSE (Finel se or condition ling in death)  entielty list conditions, i. leading to immediate before the conditions of the conditio	DUE TO  DUE TO  DUE TO  C. DUE TO  C. DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  C. DUE TO  DUE T	of injury — At I, etc. (Specify)	death. Do ne.  EQUENCE ( GUE EQUENCE ( Tresulting  1 DOA 29b. Ti Phome, ferm.	OTHER A Num  OTHER A Num  ME OF MUNITY M  , street, fact	NAME A  M. C  the mo	IND ADDRE	given in	Part I.  Part I.  Part I.  28d. DES	24e. WAS AN PERFO	AUTOPSY RMED?  AND NO INJURY OC and Number as sti	E . 1  Treat,  24	Approximate Interval Betwee Onset and Dee Amme id  Limination of Completion To Completion of Cause Of Death?  1  Yes 2  NO
23. PAID disease result of the life result of the l	ART I. Enter the diseases, on shock, or heart failure DiATE CAUSE (Finel se or condition ling in death)  entielty list conditions, i. leading to immediate before the conditions of the conditio	DUE TO DU	of injury — At I, etc. (Specify)	death. Do ne.  EQUENCE ( GUE EQUENCE ( Tresulting  1 DOA 29b. Ti Phome, ferm.	OTHER A Num  OTHER A Num  ME OF MUNITY M  , street, fact	NAME A  M. C  the mo	ND ADDRE	given in	Part I.  Part I.  28d. DES	24e. WAS AN PERFO	AUTOPSY RMED?  AND NO  INJURY OC.  and Number and due to 1	E . I reet,	Approximate Interval Betwee Onset and Dec Imme id  Limme id.

id by the hospital or attending physician.

Industrial be detached for use as the burial-transit permit. Pages 1, 2, 3 should

YLAND 21203-3146

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COLUMN OF THE PRINCE THE PRINCE WAS RECOVERED FOR THE PRINCE OF THE PRIN	UNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fundral dire	tell.	INT. If from 28 is marked or them 23 shows any injury or other traumatic event, the medical examiner
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	1 - FOR REGISTRAR	STATE OF MARYLAND / DEPART	MENT OF HEALTH		L HYGIENE REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Lest)	1 Marshales Is	II			S_YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 6.	SEX 6. AGE (In yrs. last birthday)	FUNDER 1 YEAR   IF UNDER		OF BIFTH	70	IPLACE (State or Foreign
			MONTHS DAYS HOURS	MIN. (Mon	0/01/21	Counti	
_	Sa. FACILITY NAME (If not institution, give street	and number)	9b. CITY, TOWN OR LOCATI		- / /	COUNTY OF D	
DIRECTOR	St. Agnes Hospital	CPER	Baltimore Ci	ity			
REC	10a. STATE 10b. COUNTY	10c. CITY	TOWN OR LOCATION				10d. INSIDE CITY LIMITS?
	Maryland Anne A	rundel Li	nthicum				1 TES 2 NO
RAI	104. STREET AND NUMBER		10f. ZIP COD		10g	. CITIZEN OF V	VHAT COUNTRY?
FUNERAL	101 Charles Road	R. WAS DECEDENT EVER IN U.S. ARMED	13. WAS DECENDENT OF		N? (Specify Vee or No	USA	E — American Indian,
	1 Never Married 2 Married	FDRCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES	If yes, specify Cubs	in, Mexican, Puerto		Bleck	k, White, etc.
D BY	3 Widowed 4 XDivorced		. 1				White
COMPLETED	15. DECEDENT'S EDUCATI (Specify only highest grade con	npleted) (Give kind of w	JSUAL OCCUPATION ork done during most of worlds retired.)	ng 160	b. KIND OF BUSINES	S/INDUSTRY	
P	Elementary/Secondary (0-12) C	College (1-4 or 5+)			transper	rtation	
OM	17. FATHER'S NAME (First, Middle, Lest)			HER'S NAME (First,	Middle, Malden Surna		
BE (	Elmer H. Stein, Sr.		ma	arie F. I	Bender	100	
2	19a. INFORMANT'S NAME (Type/Print)		ADDRESS (Street and Number				
	Elmer Stein 20g. METHOD OF DISPOSITION		narles Road TION (Name of comptery, cree				
	1 Donation 5 Other (Specify)	from Stata other place)	11 Cemetery	natory or		ON — City or To	
	21. SIGNATURE OF FUNERAL SERVICE LICENT	ight.	22. NAME AND ADDRE	SS DF FACILITY	I BLOOK	TAU PS	rk, Maryland
	Q107	to all	1328 Sulph	ur Sprir	ng Poad N	rbutue	, MD 21227
	23. PART I. Enter the diseases, or com	applications that caused the death. Do not only one cause on each line.	ot enter the mode of dy	ing, auch as cer	dlec or respirator	ry arrest,	Approximate
	IMMEDIATE CAUSE (Final		· · · ·		_		Onset and Death
	disease or condition resulting in death)	RESPIRATOR		1 LURG	1		
_		OUE TO (OR AS A CONSEQUENCE OF	);				
5	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A CONSEQUENCE OF	):				
CA	CAUSE (Disease or injury						
CERTIFICATION	that initiated events resulting in death) LAST	DUE TO (DR AS A CONSEQUENCE OF	):				
	4				T		
S	PART II. Other aignificant conditions c	ontributing to deeth but not resulting in	EASE	given in Part i.	24a. WAS AN AUTO PERFORMED		AMILABLE PRIOR TO
MEDI	116110.	merg 63	0/136		1 TYES 2 TA	6	OF DEATH?
Ξ.							1 VES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			DEATH (Check only o	nne)		
YSIC			OTHER: 4   Mirsing Home 5   R	asidence 8 🗆 Oth	er (Specify)		
PH	27. MANNER OF OEATH    Natural 8 Pending	28a. DATE OF INJURY (Month, Day, Year) 28b. TIME INJU	JRY WORK?		SCRIBE HOW INJUR	Y OCCURED	
BY	2 Accident Investigation	28e. PLACE OF INJURY — At home, farm, st	M 1 YES 2		CATION (Street and N	humber or Gunt	Doub Mumber
COMPLETED	4 Homicide 8 Could not be determined	building, etc. (Specify)	need, factory, office	City	or Town, State)	uniber of Hotel	Notice Number,
J.E	29a. CERTIFIER Check only CERTIFYING PHYSICIAL	N: To the best of my knowledge, death occurre	d at the fime, data and place	a, and due to the ca	suse(s) and manner a	es stated.	
OMI	and	On the basis of axamination end/or investigation					s) and menner as stated.
BE C	296, SIGNATURE AND TITLE OF CERTIFIER		29c_LIC	ENSE NUMBER	29d	I. DATE SIGNE	(Month, Day, Year)
TO B	Jasueen	Kelluan "	(y) D:	28595	<b>•</b>	1/2	3/90
	1 ASINEEM LA	OMPLETED CAUSE OF DEATH (ITEM 27) (Type	ARK 1-151	GIHTS A	VE B	Acto.	MD21208
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATURE	1/010	4913 1	10/10	J-1- /	
	JAN 25 1990	John Kindyn Hudsel	2				

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	cetacino	1	ouce.
	tificate has been signed by the attending physician and completely filled in by the funeral director, page 5 tould be detacted for		or Hem 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
	ge 5		90 30
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	mpletely	e State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	rvent, th
	and co	to burial	matic
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	cate h	State (	Hem
3	Sign of the same o	60	be-

1. DECEDENT'S NAME (First, Middle, Last) Selma		CENTIFICAT	E OF DEATH	REG. NO		3. TIME OF DEATH
Selma	Alper	Ste	iner	January	23,19	1:45 PM
4. SOCIAL SECURITY NUMBER			ER 1 YEAR   IF UNDER 24 HRS.	7. DATE OF BIRTH	8.	BIRTHPLACE (State or Foreign
577 03 2008	1 □ M 2 💢 F	75 .ms. MONTHS	DAYS HOURS MIN.	Aug. 21	,1914	Maryland
9e. FACILITY NAME (If not institution, give stre	realist end.		Y, TOWN OR LOCATION OF		9c. COUNTY	OF OEATH
15101 Interlac	hen Drive #	309 Si	lver Sprir	ıg	Mont	tgomery
10e. STATE 10b. COUNTY		10c. CITY, TOWN	OR LOCATION			10d. INSIDE CITY
Maryland Mont	gomery	Silve	r Spring			1 YES 2 X NO
10e. STREET AND NUMBER			10f. ZIP COOE		10g. CITIZER	N OF WHAT COUNTRY?
15101 Interlac			20906		USA	
H. MARITAL STATUS  Never Merried 2 Merried	12. WAS DECEDENT EVER IN U.S FORCES? 1 YES 2	<b>₹</b> NO	. WAS DECENOENT OF HISP. If yes, specify Cuben, Mexi-		e or No 14	RACE — American Indian, Black, White, atc.
3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATES		1 ☐ YES 2 X NO Spec	elfy:	T.	Specify: Vhite
15. DECEDENT'S EDUCA (Specify only highest grade or	ITION 16s	DECEDENT'S USUAL	OCCUPATION a during most of working	16b. KIND OF BU		
Elementary/Secondary (0-12)	College (1-4 or 6+)	life. Do NOT use retired.	)			
12		Homemake	r	Own	Home	
7. FATHER'S NAME (First, Middle, Last)			- 7///	IAME (First, Middle, Malder	,	
Isadore Alpe  90. INFORMANT'S NAME (Type/Print)	er			Rosenkof		. 4 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
Maxwell Steine	~					309,20906 Spring,MD
MAXWELL SCELITE			Name of cemetery, cremetory of			y or Town, State
Special   Cremetion   3   Remove   Donation   5   Other (Specify)	val from State oth	er place)				Church, VA
21, SKINATORELOF FUNERAL BERVICE/LICE		1// 2	. NAME AND ADDRESS OF	FACILITY		
► (   A) A11   4	( - N.	II VI	ves-Pearso			
23. PART V Enter the diseases, or co	and the same the					t, Approximate
shock, or heart failure. Li	ist only one cause on each	line.	or and mode or dying, an	ion an cardino or roat	metory unter	Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition	Renal Cel	Ll Cancer	c			2 1/2
resulting in death)	DUE TO (OF AS A CO	NSEQUENCE OF):				years
Sequentially list conditions, if any, leeding to immediate	DUE TO (OR AS A CO	NSEQUENCE OF):				
cause. Enter UNDERLYING CAUSE (Disease or Injury						
that initiated events resulting in death) LAST	DUE TO (OR AS A CO	NSEOUENCE OF):	. ?			
d.						
PART II. Other significant conditions	contributing to death but r	not resulting in the	underlying cause given		N AUTOPSY PRMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
				1 □ YES	2 🗌 NO	COMPLETION OF CAUSE DF DEATH?
						1 TES 2 NO
	HOSPITAL:	ОТН	28, PLACE OF DEATH (	Check only one)		
EXAMINER?		nt 3 DOA 4 N	28c, INJURY AT	e 6 ☐ Other (Specify)  28d. DESCRIBE HOW	IN HIRV OCCU	PED
EXAMINER? 1 YES 2 NO	1 Inpatient 2 ER/Outpaties		WORK?	200. 020011102 11011		
EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	INJURY				
1 VES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation	28e. DATE OF INJURY (Month, Day, Year)	M	1 YES 2 NO	261, LOCATION (Stree		Rural Route Number,
EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	M	1 YES 2 NO	281. LOCATION (Stree City or Town, State		Rural Route Number,
EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation  3 Suicide 6 Could not be determined  29e. CERTIFIER 1 CERTIFUND PHYSIC	28e. DATE OF INJURY (Month, Dey, Year)  28e. PLACE OF INJURY — building, etc. (Specify)	INJURY M	1 YES 2 NO	City or Town, Stat	•)	
EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation  3 Suicide 6 Could not be determined  29e. CERTIFIER (Check only 1 CERTIFYINO PHYSIC)	28e. DATE OF INJURY (Month, Day, Year)	INJURY M Al home, farm, atrael, for	1 VES 2 NO nectory, office	City or Town, Stat	enner ee stated	ı.
EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation  3 Suicide 6 Could not be determined  29e. CERTIFIER (Check only 1 CERTIFYINO PHYSIC)	28e. DATE OF INJURY (Month, Dey, Year)  28e. PLACE OF INJURY — building, etc. (Specify)	INJURY M Al home, farm, atrael, for	1 VES 2 NO nectory, office	City or Town, Status to the cause(s) and me time, date and place, to	anner se stated	ı.

27. MANNER OF DE/  1 Netural 2 Accident	5 Pending	28a. DATE OF INJURY (Month, Day, Year)	26b. TIME OF INJURY M	28c. INJURY AT WORK?  1 YES 2 NO	28d. DESCRIBE HOW INJURY OCCURED
3 Suicide 4 Homicide	6 Could not be determined	26e. PLACE OF INJURY — At hor building, etc. (Specify)	me, farm, atreel, fac	itory, office	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)
OF OFFICIEN					<u> </u>

A I	engation, in my opinion, again occurs at the time, oute site p	nace, and our to the cades(a) and mainles as state
 SCHOOL OF CERTIFIER  OLUT OF SALES WI	29c, LICENSE NUMBER 0-21910	29d, DATE SIONED (Month, Day, Year)

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Pet 31. DATE FI

terSherer 14812	2 Physicians	HULTIC	NOCKYNIE	MD.	20850
JAN 2 5 K	SNATURE N				

CONTRACTOR OF THE PROPERTY OF

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I E may be retained by the hospital or attending physician. LTIMORE, MARYLAND 21203-3146 must be notified at once. TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and complete be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremming PROTIANT: If item 28 is marked, or item 23 shows and laborated. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

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HE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complete your limit	ed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, creminon or	DRTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the med
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Signed	Health	WS an
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After	death	E ma
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1, DECEDENT'S NAME (First, Middle, Last)											
in and the second secon						-	MON	E OF DEATH	Y	YEAR	3. TIME OF DEATH
Joseph Lawre	nce	Sortir	10				Jar	nuary 2	2, 19	990	10:45 P
4. SOCIAL SECURITY NUMBER	5. SEX 6.	AGE (In yrs. Is	ist birthday)	IF UNDER	DAYS	IF UNDER 24 HRS.	7. DAT	E OF BIRTH		8. BIRTNI	PLACE (State or Foreign
215-05-8167	1 💢 M 2 🗆 F	74	YRS.	MONTHS	DAYS	HOURS MIN.	1	0716719	15	oo and	laryland
Se. FACILITY NAME (If not institution, give a	street and number)			9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH					EATH		
121 Bon Air Ro	ad, 2122	25		Bal:	timo	re (Bro	klvr	Park)	Anne	Arı	indel Co.
RESIDENCE OF DECEDENT						(5	J1(1.)		711111	2 711 0	illaci oo:
10a. STATE 10b. COUNT	Y, TOWN							10d. INSIDE CITY LIMITS?			
121 Bon Air Road, 21225  Baltimore (Brooklyn Park  RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY  Maryland Anne Arundel Co.  Baltimore (Brooklyn Park  Baltimore (Brooklyn Park							n Park)	rk) 1 TES 2XXNO			
10e. STREET AND NUMBER					10	f. ZIP CODE			10g. CITI	ZEN OF W	HAT COUNTRY?
121 Bon Air	Road.					2122	5			USA	4
11. MARITAL STATUS	12. WAS DECEDENT E	VER IN U.S. A	RMED	13.	WAS DEC	CENDENT OF HISP	ANIC ORIG	IN? (Specify Yes	or No-	14. RACE	- American Indian.
1 Never Married 2 Married	FORCES? 1 FYES, GIVE WAR		NO		If yes, sp	ecify Cuban, Mexi	en, Puert	Rican, atc.)			— American Indian, White, etc.
3 Widowed 4 Divorced	n 100, are 100	ON DAILS			I I I I E S	Z E NO Spe	uy.			Specif	White
15. DECEDENT'S EDU		16a. D	ECEDENT'S	USUAL O	CCUPATH	ON	10	b. KIND OF BUS	INESS/IND	DUSTRY	
(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	- C	Give kind of i e. Do NOT u	work done se retired.)	during mo	pet of working					
12	College (I-C Or ST)	R	etire	d Sh	inni	ing Cler	k	Coca C	olal	Rott]	ling Co.
17. FATHER'S NAME (First, Middle, Last)		1 100	COIIC	u on	1PP I			Middle Maiden		0000	i iiig oo.
Frank		Sort	ino			Mary	- 1	31aze S	,	no	
19a. INFORMANT'S NAME (Type/Print)		1.	Ob. MAIL INC	ADODEC	e /Ctm et	and Number or Run					
Mrs. Dorothy Sor	tino										01005
28a. METHOD OF DISPOSITION	CITIO					Road,					21225
XBurial 2 Cremation 3 Ram	ovel from State	other p	olace)			metery, cremetory o			CATION —		
4 Donation 5 Other (Specify)						<u>rial Par</u>		EIK	ridge	e, Ma	aryland
21. SIGNATURE OF FUNERAL SERVICE LI	Kev	in E.	Ecker	r   22.	CC LL T	NO ADDRESS OF	ACILITY	lomo of	Dwoo	J. I. vo	
1 / >	2			2	27 F	Datan	all	Me of	DIUC 0+[es	KIYII	ld. 21225
iMMEDIATE CAUSE (Final disease or condition	List only one cause	aused the d	leath. Do i	not enter	the mo	ode of dying, as	ch aa ce	rdiac or reapi	ratory arr	reat,	Approximata interval Between
immediate cause (Fine)	a. Due To (o	R AS A CONSE	EQUENCE O	elun H: urs	the mo	nal Car	ing	ma of	Alex	reat,	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. Due To (o	TIC R AS A CONSE	EQUENCE O	elun H: urs	the mo	nal Cau	ing	rdiac or reapi	Alac	reat,	Approximata interval Between
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. DUE TO (O  DUE TO (O  DUE TO (O	r as a conse	EQUENCE O	not enter	sty.	nal Car	ing.	24a, WAS AN PERFOR	AUTOPSY MED?	reat,	Approximeta interval Between Onset and Des 3 k. ks.,  18 m.as.,  WERE AUTOPSY FINDING AWAILABLE PRIOR TO
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. DUE TO (O  DUE TO (O  DUE TO (O	r as a conse	EQUENCE O	not enter	the mo	nal Cau	INV	24a, WAS AN PERFOR	AUTOPSY MED?	reat,	Approximata interval Between Onset and Dea 3 Laks,  I 8 m ac,  WERE AUTOPSY FINDING ANAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa reaulting in death) LAST  PART II. Other algnificant conditions.	a. DUE TO (O  c. DUE TO (O  d. HOSPITAL:	R AS A CONSE	EQUENCE O	other	the mo	ral Cau	n Part I.	24a, WAS AN PERFOR 1 YES 2	AUTOPSY MED?	reat,	Approximata interval Betwee Onset and Dea 3 Laks,  I 8 m as,  WERE AUTOPSY FINDING ANAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST  PART II. Other aignificant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	a. DUE TO (O  b. DUE TO (O  c. DUE TO (O  d. HOSPITAL: 1   Inpetient 2   E	R AS A CONSE	EOUENCE O	orne anter	nderlyin	nal CALL  g couse given  LACE OF DEATN (	n Part I.	24a, WAS AN PERFOR 1 VES 2	AUTOPSY MED?	246.	Approximata interval Betwee Onset and Dea 3 Laks,  I 8 m os,  Were autopsy finding analizable prior to completion of cause of death?
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST  PART II. Other algnificant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH	a. DUE TO (O  c. DUE TO (O  d. HOSPITAL:	R AS A CONSE	EQUENCE O	orne anter	28. PR: raing Hon	g couse given	n Part I.	24a, WAS AN PERFOR 1 YES 2	AUTOPSY MED?	246.	Approximata interval Betwee Onset and Dea 3 Laks,  I 8 m os,  Were autopsy finding analizable prior to completion of cause of death?
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST  PART II. Other aignificant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	a. DUE TO (O b. DUE TO (O c. DUE TO (O d	R AS A CONSE	EOUENCE O	OTHE	28. PR: raing Hon	LACE OF DEATN (	n Part I.	24a, WAS AN PERFOR 1 VES 2	AUTOPSY MED?	246.	Approximata interval Betwee Onset and Des Onset and Des Onset and Des Onset On
SEQUENTIAL COLOR (Final disease or condition reaulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST  PART II. Other algnificant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 6 Pending	a. DUE TO (O b. DUE TO (O c. DUE TO (O d. HOSPITAL: 1   Inpetiant 2   E	R AS A CONSE	EOUENCE O	OTHE	28. PR: raing Hon	LACE OF DEATN (	n Part I.	24a, WAS AN PERFOR 1 VES 2	AUTOPSY MED?	24b.	Approximata interval Betwe Oneet and Dec One
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 6 Pending Investigation  3 Suicide 6 Could not be detarmined	B. DUE TO (O  DUE TO (	R AS A CONSE R AS A CONSE R AS A CONSE R AS A CONSE R AS A CONSE R AS A CONSE R AS A CONSE R AS A CONSE R AS A CONSE R AS A CONSE R AS A CONSE R AS A CONSE R AS A CONSE R AS A CONSE R AS A CONSE R AS A CONSE R AS A CONSE	EOUENCE O  FOUENCE O  FOUENCE O  Teaulting  26b. Tith IN.	OTHE 4 Number of the street, fac	28. PR: raing Hon 28c. IN. Williams, details, de	Die of dying, and dying, and dying, and dying, and dying, and dying, and	n Part I.	24s. WAS AN PERFOR 1 TYPES 2  CONTROL (Specify)  ESCRIBE NOW IN TOWN, State)	AUTOPSY MED?  NO  NJURY OCHANGE AND REAL PROPERTY OF THE PROPE	24b.	Approximata interval Betwee Onset and Dec Onset and Dec Oster State Stat
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST  PART II. Other algnificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 PNO  27. MANNER OF DEATH  1 Netural 6 Pending Investigation  3 Suicide 6 Could not be detarmined  29a. CERTIFIER (Check only)	a. DUE TO (O b. DUE TO (O c. DUE TO (O d. DU	R AS A CONSE R AS A CONSE R AS A CONSE R AS A CONSE R AS A CONSE R AS A CONSE R AS A CONSE R AS A CONSE R AS A CONSE R AS A CONSE R AS A CONSE R AS A CONSE R AS A CONSE R AS A CONSE R AS A CONSE R AS A CONSE R AS A CONSE	EOUENCE O  FOUENCE O  FOUENCE O  Teaulting  26b. Tith IN.	OTHE 4 Number of the street, fac	28. PR: raing Hon 28c. IN. Williams, details, de	Die of dying, and dying, and dying, and dying, and dying, and dying, and	n Part I.  Check only  8 G Ot  28d. D  28f. Lc  Column to the che time, de	24s. WAS AN PERFOR 1 TYPES 2  CONTROL (Specify)  ESCRIBE NOW IN TOWN, State)	AUTOPSY MED?  NO  NJURY OCHANGE Australia	24b.	Approximata interval Between Onset and Dea 3 La ks, 18 m ac, 18 m
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Olsease or Injury that initisted eventa resulting in death) LAST  PART II. Other algnificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   Yes 2   No  27. MANNER OF DEATH  1   Natural 6   Pending Investigation 3   Suicide 6   Could not be detarmined  29a. CERTIFIER (Check only one) 2   MEDICAL EXAMINER  29   MEDICAL EXAMINE	a. DUE TO (O b. DUE TO (O c. DUE TO (O d. DU	R AS A CONSE R AS A CONSE R AS A CONSE R AS A CONSE R AS A CONSE R AS A CONSE R AS A CONSE R AS A CONSE R AS A CONSE R AS A CONSE R AS A CONSE R AS A CONSE R AS A CONSE R AS A CONSE R AS A CONSE R AS A CONSE R AS A CONSE	EOUENCE O  FOUENCE O  FOUENCE O  Teaulting  26b. Tith IN.	OTHE 4 Number of the street, fac	28. PR: raing Hon 28c. IN. Williams, details, de	LACE OF DEATN ( ne 5 (2 Residence JURY AT ORK? YES 2 NO ca a and place, and death occured at t	n Part I.  Check only  8 G Ot  28d. D  28f. Lc  Column to the che time, de	24s. WAS AN PERFOR 1 TYPES 2  CONTROL (Specify)  ESCRIBE NOW IN TOWN, State)	AUTOPSY MED?  NO  NJURY OCHANGE Australia	24b.	Approximata interval Betwee Onset and Dea 3 La ks,  I 8 m os,  WERE AUTOPSY FINDING AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST  PART II. Other algnificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 6 Pending Investigation 3 Suicide 6 Could not be detarmined  29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE  29b. SIGNATURE AND TITLE OF CERTIFIE	a. DUE TO (O b. DUE TO (O c. DUE TO (O d. DU	R AS A CONSE R AS	EDUENCE O  EOUENCE O  Teaulting  3 DOA  26b. Tith IN.  Jesth occurr  Investigation	OTHE 4 Number of the street, fac	28. PR: rsing Hon 28c. IN. 1 ctory, office time, data opinion, o	LACE OF DEATN (no 5 Presidence JURY? YES 2 NO ca	n Part I.  Check only 28d. D  28f. L6 Cl	24a, WAS AN PERFOR 1 VES 2  One)  CATION (Street a by or fown, State)  cause(a) and mer and place, en	AUTOPSY MED?  NO  NJURY OCHANGE Australia	24b.	Approximata interval Betwee Onset and Dea 3 La ks,  I 8 m as,  WERE AUTOPSY FINDING ANAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Olsease or Injury that initisted eventa resulting in death) LAST  PART II. Other algnificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   Yes 2   No  27. MANNER OF DEATH  1   Natural 6   Pending Investigation 3   Suicide 6   Could not be detarmined  29a. CERTIFIER (Check only one) 2   MEDICAL EXAMINER  29   MEDICAL EXAMINE	a. DUE TO (O b. DUE TO (O c. DUE TO (O d. DU	R AS A CONSE R AS	EDUENCE O  EOUENCE O  Teaulting  3 DOA  26b. Tith IN.  Jesth occurr  Investigation	OTHE 4 Number of the street, fac	28. PR: rsing Hon 28c. IN. 1 ctory, office time, data opinion, o	LACE OF DEATN ( ne 5 (2 Residence JURY AT ORK? YES 2 NO ca a and place, and death occured at t	n Part I.  Check only 28d. D  28f. L6 Cl	24a, WAS AN PERFOR 1 VES 2  One)  CATION (Street a by or fown, State)  cause(a) and mer and place, en	AUTOPSY MED?  NO  NJURY OCHANGE Australia	24b.	Approximata interval Between Onset and Dea 3 La ks, 18 m ac, 18 m

1 BUSH R- T- 1811.

BALTIMORE MARKLAND 21203-3146	the hospital or attending physician.	by the attending physician and completely filled in by the funeral director, bage should betrached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit.	
MINTEN	page of ac	ele shelld	1
MORE	Page 6 my t	director, pag	
BALT	after death. F	by the funeral moval.	
BALTI	2- nours after death. F	r filled in by the funeral	
	ecuted within 2- nours after death. F	and completely filled in by the funeral burial, cremation, or removal.	
	certificate be executed within amnouns after death. F	fing physician and completely filled in by the funeral value prior to burial. cremation, or removal.	
DS, P.O. BOX 13146,	death certificate be executed within 2-nours after death. F	by the attending physician and completely filled in by the funeral not Merral Hydrene prior to burial, cremation, or removal.	

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a four ster death. Page 6 m/y be principle. To the hosp TO THE FUNERAL DIRECTION: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 shalld a detache be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be marked at once.

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENI
TRAR	CERTIFICATE OF DEATH	REG. NO.

	FOR STATE REGISTRAR	STATE OF MARY			OF HEALTH AND		YGIENE EG. NO.			
1	1. DECEDENT'S NAME (First, Middle, Last)		wis Sco	ott		2. DATE OF E	DAY	YEAR 90	3. TIME OF DEATH 5 50 PM	
	4. SOCIAL SECURITY NUMBER  578-14-7592  9a. FACILITY NAME (If not institution, give	1 XM 2 - F	89 Y	/RS. MONTHS	DAYS HOURS MIN.		- 1900	Vi	rginia	
TOR	Clinton Conve		er		nton	DEATH		ONTY OF D	EATH	
DIRECTOR	Maryland 106. COUNT	PG NXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX				Clint	10d, INSIDE CITY LIMITS? 1X YES 2 NO			
FUNERAL	9211 Stuart Lane	9	101. ZIP CODE 207				00707			
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 YE IF YES, GIVE WAR OF	ES 2 NO	11	AS DECENDENT OF HISP yes, specify Cuban, Mexi VES 2 NO Spec	ANIC ORIGIN? (Sican, Puerto Rican		14. RACE Black Speci	.S. E.— American Indian, G. White, atc. My: Black	
COMPLETED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)	UCATION le completed) College (1-4 or 5 +)	(Give ki	ENT'S USUAL OCI ind at work done of NOT use retired.)	uring most of working		of Business/in	IDUSTRY		
BE COM	17. FATNER'S NAME (First, Middle, Last) Lucius	Scott		Labore	18. MOTHER'S I		e, Malden Surname)		LLION	
10	Patsy T. Broussa	ırd			(Street and Number or Run ne Street,				ia 91001	
	20a, METHOD OF DISPOSITION  1 Ø Burial 2 Cremation 3 Red  4 Donation 6 Other (Specify)	moval from State	20b. PLACE OF ( other place)	oln Mem	no of cometery, crometory of orial Ceme	terv	Suitla	nd.	wa, State	
	21. SIGNATURE OF PURPLE SERVICE L	IODHIES .	3		obert G. M. 661 Good H					
	23. PART I. Enter the diseases, or shock, or heart failure IMMEDIATE CAUSE (Final disease or condition resulting in death)	Complications that cause or	sed the death.	. Do not enter	the mode of dying, so	uch se cerdiac	or respiratory s	erreat,	Approximate interval Between Onset and Death	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. Hyd DUE THORA C. Prost	S A CONSEQUE S A CONSEQUE ALO S A CONSEQUE	ephs Cau	osn k	lil			3 mores	
PHYSICIAN: MEDICAL CE	PART II. Other significant condition of the state of the		h but not resu	ilting in the un	derlying cause given		PERFORMED?  YES 2 1 NO	Y 24b	. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
ICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		ОТНЕЯ						
BY PHYS	1 YES 2 NO  27. MANNER OF DEATN  1 Netural 5 Pending 2 Accident Investigation		RY 28	Bb. TIME OF INJURY M	Ing Home 5 Residence 28c. INJURY AT WORK? 1 YES 2 NO	28d. DESCRI	BE HOW INJURY O			
a C estate — I 286, PLAGE OF INJURY — At nome, form, street, factory, office I 281 LOCATION							N (Street and Numb wn, State)	oor or Rurel i	Route Number,	
COMPLETED	enel energy	SICIAN: To the best of my kr							a) and manner as stated.	
TO BE	296. GIGNATURE AND TITLE OF CERTIFI	poorfr	MD-		D/3	SS50	29d. D/	ATE SIGNED	(Month, Day, Year) 6 190	
	Bernadette S  31. Date free (May), The S	OON Q MD	1106	Sprine	gSt. S/	xer S	oring. A	Nd	20910	
	JAN 2 3 1990	Jula Davidson	Handre							

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DIVISION OF VITAL RECORDS, F.O. BOA 13148,	. DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	. DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the	house after death with the State Deot, of Health and Mental Hydiene prior to burial, cremation, or remov-
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	1 - FOR STATE OF MAI	RYLAND / DEPAR CERTIFI	TMENT OF HEAD		MENTAL HYGIEN REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Last) RAYMOND C.	Sco	TT		2. DATE OF DEATH MONTH DA	3 199	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 5. SEX 6. 215 - 10 -2/84 10 M 2 D F	AGE (In yrs. last birthday)  YRS.		UNDER 24 HRS. URS MIN.	7. DATE OF BIRTH (Month, Day, Year)	/ 0	IRTHPLACE (State or Foreign ountry)	
or.	9e. FACILITY NAME (If not institution, give street end number)		96. CITY, TOWN OR LO	OR LOCATION OF DEATH 9c. COUNTY OF DEATH				
DIRECTOR	Good Samaritan Hospital		-	Baltin	more City			
IRE	10e. STATE 10b. COUNTY						10d. INSIDE CITY LIMITS?	
	Maryland 100. STREET AND NUMBER	l Ba	Itimore C	COOE		10g. CITIZEN	1 YES 2 NO	
FUNERAL	6607 Elsrode Ave.			1214		U.S		
BY FUI	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT F FORCES? 1 FYES, GIVE WAR	YES 2 XNO	If yes, specify		HC ORIGIN? (Specify Yee in, Puerto Rican, atc.) /:	or No— 14.1	RACE — American Indian, Black, White, etc. Specify: WHITE	
TED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	(Give kind of w	USUAL OCCUPATION rork done during most of	working	186. KIND OF BUS	SINESS/INDUST	RY .	
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5+)	Elect	rician		Electi	rical C	ontractor	
MO	17. FATHER'S NAME (First, Middle, Last)		.16.	MOTNER'S NA	ME (First, Middle, Meiden			
BE		Scott		Mary			ahue	
0	Mrs. Helen Babylon				Route Number, City or Tow Baltimore			
	20e. METHOD OF DISPOSITION 1 X Burlel 2 Cremation 3 Removal from State	20b. PLACE OF DISPOS other place)				CATION — City		
	4 Donation 5 Other (Specify)	Good She	epherd Cem			licott	City, Marylan	
	Paul Hutork	. Hartsock	Leonar	d J. F	Ruck, Inc.	nore, M 5305	aryland 21214 Harford Rd.	
rion	Sequentially list conditions.	on each line.  Isture her AB A COMSEQUENCE OF	it failu	e ·			Interval Between Onset and Deeth	
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST  d.   4.	AS A CONSEQUENCE OF A AS A CONSEQUENCE OF TURSON	chroni	myoca	idal lufe	uelins		
CAL	PART II. Other algnificant conditions contributing to de	ath but not resulting i	n the underlying ca	use given in	PERFOI	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO	
MEDI					1 YES 2	NO	COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:			OF DEATH (Ch	neck only one)			
IVSI	110004117100	R/Outpetlent 3 DOA JURY 28b. TIM	OTHER: 4 Nursing Home 5		8 Other (Specify)	IN HIM OCCUM		
BY PH	1 Netural 5 Pending 2 Accident Investigation (Month, Day,	Year) INJ	M 1 YES		N 12% (A 11)			
<u>a</u>	3 Suicide 6 Could not be 4 Nomicide determined	NJURY — Al home, farm, s :. (Specify)	street, factory, office		28f. LOCATION (Street City or Town, State)	end Number or F )	lural Route Number,	
29e. CERTIFIER (Check only one)  29 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and								
BE	29b. SIGNATURE AND THE E OF CERTIFIER		29	c. LICENSE NU	MBER	29d. DATE SIG	GNED (Month, Day, Year)	
10	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE	OF DEATN (ITEM 27) (Type,	, Print)					
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S				-			
	JAN 25 1990 Stale Sairdson	Handelle					DNMH-18 Rev 1/89	

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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 mouns after death. Page 6 may be in	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5, he find within 72 hours after death with the State Deot, of Health and Mental Myglene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be no
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FOR 1 - STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.	U	0104	,
1. DECEDENT'S NAME (First, Middle, Last)		2. DATE OF DEATH	3. TIN	ME OF DEATH	_

_	TICGIOTTIAN			_,,,,,,	. 47				- ''	EG. 140.			
ŀ	1. DECEDENT'S NAME (First, Middle, Lest) BOOKE	R	т.		SIMM	ONS			2. DATE OF I	DA	Y	YEAR	3. TIME OF DEATH 3:14PM M
	4. SOCIAL SECURITY NUMBER	6. AGE (In yrs. Is			R 1 YEAR	IF UNDER	24 HRS.	7. DATE OF E	BIRTH		8, BIRTH	PLACE (State or Foreign	
1	219-18-8965	1 M 2 - F	64	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, De	0-192	25	Country	N.C.
	9a. FACILITY NAME (If not institution, give st	reet and number)			9b. CIT	Y, TOWN	OR LOCATI	ON OF DE		0-13		NTY OF DI	
5	Sinai Hospital				Bal	timor	e Ci	ty					
5	RESIDENCE OF DECEDENT												
BY FUNERAL DIRECTOR	100. STATE 100. COUNTY		Baltimore						10d. INSIDE CITY LIMITS? 1 X YES 2 NO				
4	10e. STREET AND NUMBER			101, ZIP CODE					10g. CIT	IZEN OF W	HAT COUNTRY?		
	2613 Oswe	go Avenu	ie .	21215						U	SA		
5	11. MARITAL STATUS  1 Never Married 2 Married	12. WAS DECEDEN FORCES? 1	Y YES 2		13.				IC ORIGIN? (S		or No-	14. RACE Black	American Indian, , White, atc.
- 11	3 Wildowed 4 Divorced	IF YES, GIVE V	WAR OR DATES			1 TYE	s 2XXNO	Specify				Speci	<sup>y:</sup> Black
	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	(0	ECEDENT'S Give kind of	work done	during n	TON nost of world	ng	16b. KIN	D OF BUS	INESS/IN	DUSTRY	
COMPLEIED	Elementary/Secondary (0-12)	College (1-4 or 5	+)	e. Do NOT u	se retired.)								
5	17. FATHER'S NAME (First, Middle, Last)						16. MOT	HER'S NA	ME (First, Midd		Sumame)		
2 0	Samuel Simmons						Mi	nnie	Free	man			
2	190. INFORMANT'S NAME (Type/Print) Helen G. Simmor	ıs	1	96. MAILING 2613	OSW	ego	Aven	or Rural F	Balto,	Oity or Town	2121	p Code) 5	
1	20s. METHOD OF DISPOSITION  1 1 Durisi 2 Cremation 3 Remote 4 Donation 5 Other (Specific	ovel from State	20b. PLACE other p	olaca)			emetery, crer					City or To	
1	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSED	7	Garrison Forest Vet   Owings Mills, Mo					3, Hu				
	Nonne	Ce.	1 Der	ron	1				West sh Ave	nue			
	23. PART I. Entry the diseases, or cannot be seen that the disease or condition resulting in death)	List only one can Prob	able Pn	eumor	nia	r the m	node of dy	ing, aucl	h aa cardlac	or reapi	ratory ar	rest,	Approximete interval Between Onset and Death
2		Caro	inoma o	of colon									
2	Sequentially list conditions, if any, leading to immediate	DUE TO	(OR AS A CONSI	CONSEQUENCE OF):									
3	cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO	(OR AS A CONSI	FOLIENCE O	OF):								
CERTIFICATION	that initiated events resulting in death) LAST	DUE TO	(On AS A CONS	EOUENCE O						į			
Į ļ	PART II. Other aignificant condition	a contributing to	death but not	resulting	In the u	ınderiyi	ng ceuse	given in	Part i. 24	a. WAS AN PERFOR		24b	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
MEDICAL									- 1	YES 2	ØX NO		OF DEATH?
- 1									_   :	INQU:	[RY		1 TYES 2XXNO
BY PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL					24	DI ACE OF	FATH ML	eck only one)				
2	EXAMINER? XX YES 2 NO	HOSPITAL:	7 CER/Outpetleet	2 □ DOA	OTHE	:R:							
	27, MANNER OF DEATH	26a. DATE OI	FINJURY	26b. TIN	AE OF	28c. II	NJURY AT	esidence	6 Other (S		NJURY O	CURED	
7	12 Accident Freeding	(Month, L	Day, Year)	IN	JURY M		YES 2	<b>⊠</b> No					
- 11	2 Accident Investigation 3 Suicide 6 Could not be	26e. PLACE (	OF INJURY — At I	nome, ferm,	street, fe	ctory, of	fica		261. LOCATIO	ON (Street a	and Numbe	or or Rural I	Toute Number,
COMPLEIED	4 Homicide determined	Salaring	, etc. (opecity)						Oily or i	own, diale,			
2	29a. CERTIFIER (Check only 1 CERTIFYING PHYSI												
5	MEDICAL EXAMINE	B. On the basis of	examination and/o	r investigati	on, in my	opinion	, death occu	red at the	time, data and	d placa, an	d dua to	the cause(s	a) and manner as stated,
מביר	296. MIGHATURE AND TISLE OF CERTIFIES		MK	フ			29c. LIC	ENSE NUI	ABER		29d. DA		(Month, Day, Year) L-24-90
2	30 MAME AND ADDRESS OF PERSON WH	111		EM 27) /7/m	e, Print)		1 00						
	FRANK PERETTI,MD			=- ) ( ) )	. ,	1 Pe	enn S	tree	t,Balt	imor	e,MD	2120	)1 vc
	31. DATE FILED MONTE DE VORTO		AR'S SIGNATURE										
ı	0.111 2 0 1330	1	MOLAN AMPONIO										

CV 20 20	•
BALTIMORE, MARYLAND 21203-3146 first death. Page 6 may be retained by the hospital practice, page 5 should be Gache in use as the buriah loval.	miner must he notified a seepe
BOX 13146, BAL cate be executed within A fours after deal hysician and completely filled in by the fun e prior to burial, cremation, or removal.	as fraumatic event the medical eval
DIVISION OF VITAL RECORDS, P.O. BOX 13146,  TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death cartificate be executed within 24 nours after death. Page 6 may be retained by the Lospitan pursuing physician TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be elacibed in use as the buriarle be filled with the State Dept. of Health and Mental Hygiene prior to burial. cremation, or removal.	supportant. Is seen 96 is moded or stem 92 shows any injury or other fraumatic event the medical available modified 3 masses.
DIVISIO TO THE HOSPITAL DR ATTENDII TO THE FUNERAL DIRECTOR: NA TO THE FUNERAL DIRECTOR: Alb be filed within 72 hours after de	MADOUTANT. If Nam 26 is

	REGISTRAR	CERTIFIC	ATE OF DEATH	REG. NO.							
	1. DECEDENT'S NAME (First, Middle, Last)			2. DATE OF DEATH MONTH DAY		TIME OF DEATH					
	Mary A.	Bennett	Stokes	January 1	8, 1990	1:20PM M					
	215 22 2400	Month, Day, Year) Country									
	Se. FACILITY NAME (If not institution, give street and number)	96	CITY, TOWN OR LOCATION OF D		COUNTY OF DEA						
DIRECTOR	Maryalnd General Hospital		Baltimore Ci	ty							
E I	10a. STATE 10b. COUNTY	10c. CITY, TO	OWN OR LOCATION		1	0d. INSIDE CITY LIMITS?					
ā	Md.	Bal	to.		1	X YES 2 NO					
A	10e. STREET AND NUMBER		10f. ZIP CODE	10	g. CITIZEN OF WH	AT COUNTRY?					
ER	630 N. Gilmore Street		21217		USA						
BY FUNERAL	11. MARITAL STATUS	2 X NO	13. WAS DECENDENT OF HISPA If yes, specify Cuben, Mexic 1 TYES 2 X NO Specify	n, Puerto Ricen, etc.)	No— 14. RACE — Black, Specify: Black	- American Indien, White, etc.					
	15. DECEDENT'S EDUCATION	16a. DECEDENT'S USL	IAL OCCUPATION	16b, KINO OF BUSINE	1	, , ,					
E	(Specify only highest grade completed)	33/11/303/11/1									
7	Elementary/Secondary (0-12) College (1-4 or 5+)										
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	AME (First, Middle, Maiden Surr	namal								
	Charles Bennett	ie Marsha									
BE	19a, INFOF€ANT'S NAME (Type/Print)	19h MAII ING ADI	DRESS (Street and Number or Rural								
2	Marva Franklin		Gilmore St.,		21217						
			ON (Name of cometery, crematory or		ION — City or Town	- Canal					
	1/LXBuriel 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)	New Cathe	edral Cem.	Balti	more, Mo						
	21. SHONATURE OF FUNERAL SERVICE LICENSEE	/	22. NAME AND ADDRESS OF F. March F/H 4300 Waba								
	23. PART I. Enter the diseases, or complications that cause	d the death De ant				Approximete					
CERTIFICATION	disease or condition resulting in deeth)  Perferated left Myocardial wall with hemopericardium.  Due to (or as a consequence or):  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST										
8											
PHYSICIAN: MEDICAL	PART II. Other algnificent conditions contributing to deeth	but not reculting in t	he underlying cause given in	Part I. 24a, WAS AN AUT PERFORMEI 11/2/YES 2	ORMED? AVAILABLE PRIOR T						
AN	25. WAS CASE REFERRED TO MEDICAL		26. PLACE OF DEATH (C	book only and							
0	EXAMINER? HOSPITAL:		THER:								
ΙΥS	1 XXYES 2 □ NO 1X Inpetient 2 □ ER/Out 27. MANNER OF DEATH 286. DATE OF INJURY		Nursing Home 5 - Residence								
ву Рн	27. MANNER OF DEATH  1 Natural 5 Pending  2 Accident Investigation	28b. TIME O		28d. DESCRIBE HOW INJU	RY OCCURED						
8		Y — Al home, farm, streets:	rt, factory, office	261. LOCATION (Street and City or Town, State)	Number or Rural Ro	ute Number,					
COMPLET	29a. CERTIFIER (Check only one) 1 X CERTIFYING PHYSICIAN: To the best of my known one) 2 MEDICAL EXAMINER: On the best of examination					and menner as stated.					
BEC	296. SIGNATURE AND TITLE OF CERTIFIER	R- Toshi)	29c. LICENSE NO	IMBER 21	od. DATE SIGNEO	Month, Day, Year)					
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF D		nt) /4		1 10	,					
	Rajendrakumar Joshi, M.D.  31. DATE FILED (Month, Day, Year)  32. REGISTRAR'S SIG		/o Maryland G	eneral Hospi	tal						
	JAN 2 5 1990 1 Tidan	Randolle									

1. DECEDENT'S NAME (First, Middle, Last)

Cecilia

T. Selaman

2. DATE OF DEATH MONTH 1-11-90

ansit permit. Pages 1, 2, 3 should

TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-muns after death. Page 6 may be retained by the hospital or TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for ube filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

31. DATE FILED (Month, Day, Year)

32. REGISTRAR'S SIGNATURE

4. SOCIAL SECURITY NUMBER	last birthday)	IF UND	DER I YEAR	IF UNDER 24 HRS. HOURS MIN.	(Month, i	(Month, Day, Year) Country)			CE (State or Foreign		
220-14-1928	1 🗆 M 2 💢 F	80	YRS.	9 2				3 20 1303 Mary 2		land	
9a. FACILITY NAME (If not institution, give so				9b. CI	TY, TOWN O	R LOCATION OF DE			9c. COUNTY	OF DEATH	
	re.				Baltimore City						
RESIDENCE OF DECEDENT  10e. STATE 10b. COUNTY	,		10c, CIT	Y. TOW	, TOWN OR LOCATION 10d, INSIDE CITY						
Md.			200,0	111		imore				13	LIMITS? YES 2 NO
10e. STREET AND NUMBER					101.	ZIP CODE			10g. CITIZEI	N OF WHAT	COUNTRY?
4404 Dayto	na Ave	•				21225			US	SA	
11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES 2		1	If yes, spe	ENDENT OF HISPAN Helfy Cuban, Mexica 2 NO Specify	n, Puerto Ric	(Specify Yes	or No.— 14	Black, Wh Specify:	American Indian, lite, etc.
15. DECEDENT'S EDU (Specify only highest grade		16a.	DECEDENT'S	USUAL	OCCUPATIO	N st of working	16b. F	IND OF BU	SINESS/INDUS		
Elementary/Secondary (0-12)	College (1-4 or 5	+)	Sec.	ise reared	g.)		G	over	nment	5	
17. FATHER'S NAME (First, Middle, Last)			•			18. MOTHER'S NA					
Benjamin	Seman					Agne	es C	hmie	lews	ζi	
19e. INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRE	ESS (Street e.	nd Number or Rural	Route Numbe	City or Tow	n, State, Zip Co	ode)	
Charlotte	Main		210	N.	Char	les St.	.,Bal	to.,	Md. 2	2120	1
20a, METHOD OF DISPOSITION 1 D Burlal 2 Cremation 3 Rem	oval from State	othe	r place)			netery, crematory or			CATION — CIF		State
4 Donalion 6 Other (Specify)		_ Нс	oly R	osa	ry C	emetery	<u> </u>	ba	lto.	Md.	
21. SIGNATURE OF FUNERAL SERVICE LIK				2	22. NAME AND ADDRESS OF FACILITY 4905 york Rd. 21212						1212
John O. Sla	Re				H.W.	Jenkins	s & S	ons	Co., F	Balt	o.,Md.
23. PART I Enter the diseases, or a shock, or heart failure.				not ent	ter the mo	de of dying, suc	h as cardla	c or resp	Iratory arres	t,	Approximate Interval Between
IMMEDIATE CAUSE (Final	•			CADI	DTOVA	SCULAR D	TCEAC	<b>r</b>			Onset and Death
disease or condition resulting in death)	a				DIOVA	SCOLAR D	TOERO.	Ľ			
	DUE TO	(OR AS A CON	ISEQUENCE ()	NF):							
Sequentially list conditions,	b. DUE TO	(OR AS A CON	SEQUENCE O	NF):							
If any, leading to immediate cause. Enter UNDERLYING											
CAUSE (Disease or injury that initiated events	DUE TO	(OR AS A CON	SEQUENCE O	OF):							
resulting in death) LAST	d										
PART II. Other significant condition	a contribution to	doub hus -	në mandele -	In the	umala-bal-		Dort I	24a, WAS AN	ALTTORAY	T 945 W-	RE AUTOPSY FINDINGS
- An II. Other eignmeant condition	eomboung to	Jeans Dut N	or resulting	ai trie	underlying	, cause given in		PERFOR	RMED?	AVA	ILABLE PRIOR TO MPLETION OF CAUSE
							-	1   YES 2	XX		DEATH?
								INSPE	CTION	''	J .Es WV MA
25. WAS CASE REFERRED TO MEDICAL						ACE OF DEATH (Ch			011011	1	
EXAMINER?	HOSPITAL:	☐ ER/Outpation	8 3 🗆 DOA	OTH 4 🗆 I	IER: Nursing Hom	e 5XXPAsidence	6 🗆 Other	(Specify)			
27. MANNER OF DEATH	28a. DATE O		28b. TH		28c. INJ WO		7		NJURY OCCU	RED	
X X Natural 5 Pending 2 Accident Investigation	.172	M		rES 2 NO							
3 Suicide 6 Could not be determined Chyor Route Description of the determined Chyor Route Chyor Route Specific Chyor Route Chy								Number,			
29a. CERTIFIER				_							
(Check only											d menner ee stated.
Sport Signature and Title Organisis	"Unl					29c. LICENSE NU OCME	MBER		<b>b</b>		onth, Day, Year)
30. NAME AND ADDRESS OF PERSON WI	O COMPLETED CAL	SE OF DEATH	(ITEM 27) (Typ	e, Print)					1-	12-90	]
MARCARITA A KODI						111 D	DAINI C	מוח בו מת	DATES	MODE	MD 21201

OHMH-16 Rev 1/89

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

YLAND 21203-3146

FOR STATE REGISTRAR

1 -

4								2. DATE OF DEATH	DAY	YEAR	3. TIME OF OEATH
	o Stew	art						January	22.1		8:17A.M
10.000		GE (In yrs. last		IF UNDER 1	YEAR DAYS	IF UNDER	24 HRS. MIN.	7. OATE OF BIRTH		A RIPTHE	PLACE (State or Foreign
210-01-0000	∭XM 2 □ F	67	YRS.	ONTHE	UATS	HOUNS	wites.	May 15,	192	2 Ma	ryland
9e. FACILITY NAME (If not institution, give stree				96. CITY,		R LOCATIO		EATH	9c. COU	NTY OF DE	
Memorial Hospi	tal		Easton							Ta	lbot
10a. STATE 10b. COUNTY			10c. CITY,	TOWN OF	R LOCAT	ION					10d. INSIDE CITY
Maryland Talbot	t		Ea	sto	n						LIMITS?
10e. STREET AND NUMBER					101	ZIP COOL	E		10g. CITIZEN OF		
213 South Auron	ra Stree	t	21601						U	.S.A	1.
	2. WAS DECEDENT EVE	R IN U.S. ARN	U.S. ARMED  13. WAS DECENDENT OF HISPANIC  1 NO  If yes, specify Cuban, Mexicon,						e or No-	14. RACE	- American Indian, White, etc.
1 Never Merried 2 Merried 3 Widowed 4 Olvorced	FORCES? 1XXVI	R DATES	1 TES 2/12/NO Specify:					y:	-	Specify	y:
15. DECEDENT'S EDUCAT	TION	160 050	EDENT'S U	91141 00	CURATIO	NA .		16b. KIND OF BU		hite	2
(Specify only highest grade oor	(Gh	e kind of wo Do NOT use	rk done di retired.)	uring mo	st of working	g	166. KIND OF BC	JSINESS/INL	JUSTRY		
Elementary/Secondary (0-12)	College (1-4 or 5+)		Acco	unt	ant	-					
17. FATHER'S NAME (First, Middle, Last)			11000	dire	an		HER'S NA	ME (First, Middle, Malder	n Sumame)		
Edward Lee St	tewart					Ros	e	Virginia	Co	1esc	ott
19e. INFORMANT'S NAME (Type/Print)		19b.	MAILING A	DDRESS	(Street e			Route Number, City or Tox			.000
Benjamin F. Stev	wart	21	3 Sc	uth	Aı	iror	a S	t East	on.	Md.	21601
20s. METHOD OF DISPOSITION 1 Surial 2 Cremation 3 Remove	of from State	20b. PLACE C	F DISPOSIT						OCATION -		
4 Donellon 5 Other (Specify)		on or plan	~,								
21. SIGNATURE OF FUNDRAL SERVICE LICEN	ISEE /	-24	-90	22. N	AME AP	ID ADDRE	SS OF FA	CILITY			
Manuel 16	(Mele			5	TAT	E AN	ATOM	Y BAORD,	BALTO	. , MI	21201
21. PART I. Enter the diséeses, or cor			th. Do no	t antar 1	the mo	de of dy	ing, suc	h as cardiac or resp	olratory an	reat,	Approximate
ahock, or haart fellure. Lie IMMEDIATE CAUSE (Final					~	_					Onset end Deeth
disease or condition resulting in death)	RESE	no	500	4	10	707	-	NE			14 mo
resulting in death) - 6.	DUE TO (OR A	S A CONSEO	HOURNE OF): OLITIS OBCITER								
C 6.	BROW	CHIC	161	-15		OB	C1	TER AND	25		
Sequentially list conditions, if any, leading to immediate	DUE TO (OR A	AS A CONSEO	UENCE OF)								
cause. Enter UNDERLYING CAUSE (Disease or Injury	2112 77 125										
that initiated events resulting in death) LAST	DUE TO (OR A	IS A CONSEC	UENCE OF)								
d											-
PART II. Other eignificent conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS A								Don't L Ot HEG !			
					dottymi	g cense	given in				WERE AUTOPSY FINDINGS
	contributing to deat				uorrym,	g cause	given in		RMEO?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
					uorrym	g ceuse	given in	PERFO	RMEO?		AVAILABLE PRIOR TO
						g ceuse	given in	PERFO	RMEO?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
25. WAS CASE REFERRED TO MEDICAL	CANC	. Er			28. PI			PERFO	RMEO?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
25. WAS CASE REFERRED TO MEDICAL		. Er		ОТНЕЯ	28. PI	ACE OF C	EATH (C)	PERFO	RMEO?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1/2 YES 2 ANO 27. WANNER OF GEATH	CANC	Dutpatient 3		OTHER	28. PI	ACE OF C	EATH (C)	PERFO	PRIMEO?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL: Chapetient 2 - ERV 28e. DATE OF INJU	Dutpatient 3	DOA 28b, TIME	OTHER	28. Pt l: ling Hom 28c. INJ	ACE OF C	EATH (C)	PERFO 1 YES  neck only one) 6 Other (Specify)	PRIMEO?		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF COATH  Netural 5 Pending Investigation  2 Accident Investigation  3 Suicide 6 Could not be	HOSPITAL: Chapetient 2 - ERV 28e. DATE OF INJU	Outpatient 3 RY sr)	DOA 20b. TIME	OTHER  I Nurs  OF  RY  M	28. PI 1: ling Hom 28c. INJ WC	ACE OF C	EATH (C)	PERFO 1 YES  neck only one) 6 Other (Specify)	PRMEO? 2 NO 2 NO 2 NO 2 NO 2 NO 2 NO 2 NO 3 NO 4 NO 5 NO 5 NO 6 NO 6 NO 6 NO 6 NO 6 NO 6 NO 6 NO 6	CURED	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH!  1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF OEATH  1 Netural 5 Pending Investigation  3 Suicide 6 Could not be delermined	28e. DATE OF INJU	Outpatient 3 RY sr)	DOA 20b. TIME	OTHER  I Nurs  OF  RY  M	28. PI 1: ling Hom 28c. INJ WC	ACE OF C	EATH (C)	PERFO 1 YES  1 YES  6 Other (Specify)  28d. DE\$CRIBE HOW  28ff. LOCATION (Street	PRMEO? 2 NO 2 NO 2 NO 2 NO 2 NO 2 NO 2 NO 3 NO 4 NO 5 NO 5 NO 6 NO 6 NO 6 NO 6 NO 6 NO 6 NO 6 NO 6	CURED	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH!  1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 HO  27. MANNER OF OEATH  1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined  29a. CERTIFIER Check only CERTIFYING PHYSICIA  Check only CERTIFYING PHYSICIA	28e. DATE OF INJU	Outpatient 3 RY ar) URY — At hor	DOA 28b. TIME INJU	OTHER	28. Pt	LACE OF 0  ME 5   Re  SURY AT  MRK7  YES 2 [	EATH (C)	PERFO 1 YES  1 YES  6 Other (Specify)  28d. DESCRIBE HOW  28f. LOCATION (Street City or Town, State	INJURY OC	CURED or Rural Ri	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH!  1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF OEATH  1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined  29e. CERTIFIER CERTIFUMO BHYSICIA	28e. DATE OF INJU 26e. PLACE OF INJU building, etc. (	Outpatient 3  RY er)  URY — At hor  nowledge, dea	DOA 28b. TIME INJU	OTHER  OF RY M  reet, factor	28. PI	ACE OF C	EATH (C)	PERFO  1 YES  1 YES  0 Other (Specify)  28d. DESCRIBE HOW  28f. LOCATION (Street City or Town, Steft)  1 to the ceuse(e) end m	INJURY OC	CURED or Rural Ri	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF OEATH 1 ACCIdent 2 ACCIdent 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only)	28e. DATE OF INJU 26e. PLACE OF INJU building, etc. (	Outpatient 3  RY er)  URY — At hor  nowledge, dea	DOA 28b. TIME INJU	OTHER  OF RY M  reet, factor	28. PI	ACE OF COME 5 Revenue 1 Re	EATH (C)	PERFO  1 YES  1 YES  1 YES  Other (Specify)  28d. DESCRIBE HOW  28f. LOCATION (Street City or fown, State)  1 to the cause(e) end m  1 time, date and place, o	INJURY OC  Injury oc  anner as sta	CURED  or Rural Ri	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	28e. DATE OF INJU 26e. PLACE OF INJU building, etc. (	Outpatient 3  RY er)  URY — At hor  nowledge, dea	DOA 28b. TIME INJU	OTHER  OF RY M  reet, factor	28. PI	ACE OF COME 5 Revenue 1 Re	NO NO o, end du	PERFO  1 YES  1 YES  1 YES  Other (Specify)  28d. DESCRIBE HOW  28f. LOCATION (Street City or fown, State)  1 to the cause(e) end m  1 time, date and place, o	INJURY OC  Injury oc  anner as sta	CURED  or Rural Ri	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  NO NO NO NO NO NO NO NO NO NO NO NO NO N
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF OEATH  1 Netural 5 Pending Investigation 3 Suicide 6 Could not be defermined  29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER:	28e. DATE OF INJU (Month, Dey, Ve. 26e. PLACE OF INJ building, etc. (:	Outpatient 3  RY er)  URY — At hor  Rowledge, dea	28b. TIME INJU	OTHERS I Nurs OF RY M I st the til	28. Pt	ACE OF 0  10 5 Revenue of the first of the f	NO NO NO NO NO NO NO NO NO NO NO NO NO N	PERFO  1 YES  1 YES  1 YES  1 YES  1 Other (Specify)  28d. DESCRIBE HOW  28f. LOCATION (Street City or Town, Steft or Town, Steft or Town, Steft or Town, Steft or Town, Steft or Town, Steft or Town, Steft or Town, Steft or Town, Steft or Town, Steft or Town, Steft or Town, Steft or Town, Steft or Town, Steft or Town, Steft or Town, Steft or Town, Steff or Town, St	INJURY OC  t end Number enner as sta and due to ti	r or Rural Ri	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  NOTE Number,  oute Number,  (Month, Day, Year)
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 PYES 2 NO  27. MANNER OF OEATH  1 Netural 5 Pending Investigation 2 Accident 3 Suicide 6 Could not be defermined  29a. CERTIFIER Check only Check only Check only Check Only Check Only Check Only Check Only CHECK ONLY C	28e. DATE OF INJU (Month, Dey, Ve. 26e. PLACE OF INJ building, etc. ()	Dutpatient 3 RY ar)  URY — At hor specify)  nowledge, desertion end/or in	28b. TIME INJU	OTHERS I Nurs OF RY M I st the til	28. Pt	ACE OF 0  10 5 Revenue of the first of the f	NO NO NO NO NO NO NO NO NO NO NO NO NO N	PERFO  1 YES  1 YES  6 Other (Specify)  28d. DESCRIBE HOW  28f. LOCATION (Street City or Town, State)  to the ceuse(e) end me time, date and place, of MBER	INJURY OC  t end Number enner as sta and due to ti	r or Rural Ri	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  NOTE Number,  oute Number,  (Month, Day, Year)

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

ust be notified at once.

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DIVISION OF VIEW RECORDS, F.O. BOA 13149,	Sic	69	ht	10
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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the 1	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removi.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical a

	1 - STATE REGISTRAR	STATE OF MARYLA		MENT OF H			GIENE 3. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)	GLADYS V.		On I	District.	2. DATE OF DE	ATH	YEAR 3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER		r yrs. lest birthdey)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIR	. BIRTHPLACE (State or Foreign			
	226-16-1474 9s. FACILITY NAME (If not institution, give at		71 YRS.	MONTHS DAYS	HOURS MIN.	4-16-19	918	VIRGINIA		
OC.					PR LOCATION OF DI		9c. COUNT	Y OF DEATH		
DIRECTOR	FRANCIS SCOTT KEY			B	ALTIMORE	CITY				
2	10e. STATE 10b. COUNTY		10c. CITY	TOWN OR LOCA	TON			10d. INSIDE CITY		
뜸	MARYLAND E	BALTIMORE			DUND	AT.K		LIMITS? 1 YES 2 X NO		
	10e. STREET AND NUMBER	MILIPIU		10	ZIP CODE	HULL	10g, CITIZE	N OF WHAT COUNTRY?		
R	101 CENTER PLACE	APT 901		3	2122	2				
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER IN	U.S. ARMED	13 WAS DEC	ENDENT OF HISPAI		olfy Van or No. 1	U.S.A.  BACE — American Indian,		
	1 Never Married 2 Married	FORCES? 1 YES	ZXNO	If yes, sp	ecify Cuban, Maxica	in, Puerto Ricen, e	ric.)	Black, White, etc.		
BY	3 Widowed 4 Divorced	IF TES, GIVE WAN ON DA	IES	1 L YES	2XNO Specifi	y:		Specify: WHITE		
COMPLETED	15. DECEDENT'S EDUC		16a. DECEDENT'S U	JSUAL OCCUPATION	ON	16b. KIND	OF BUSINESS/INDUS			
	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of w life. Do NOT use	ork done during mo retired.)	st of working					
립	8TH GRADE	N/A	HAT	RDRESSE	2					
0	17. FATHER'S NAME (First, Middle, Lest)	11/11	1011	TOTOOL	18. MOTHER'S NA	ME (First, Middle,	Maiden Surname)			
	GILBERT NAPTER				T VD	IA JOHNS	TON			
BE	19s, INFORMANT'S NAME (Type/Print)		19b. MAILINO	ADDRESS (Street )			or Town, State, Zip C	iorda)		
임	CLODES THAN EDITED	AT TAID	- 1011 -							
	CTORTA JEAN FRIED  20e. METHOD OF DISPOSITION		PLACE OF DISPOSE				E. MARYLA			
	1 Buriel 2 Cremation 3 Remo	oval from State	other place)					A STATE OF THE STA		
	21. SIGNATURE OF FUNERAL SERVICE LIC		LLY HILL		ID ADDRESS OF FA		BALTIMO	RE, MARYLAND		
	END	110					E OF DUNE	DALK, INC.		
_	Scent +	200		7922	WISE AV	ENUE DUN	DALK MAF	RYLAND 21222		
	23. PART I. Enter the diseases, or coshock, or heert fellure.	complications that caused List only one cause on ea	the death. Do no	ot enter the mo	de of dying, suc	h aa cerdiac o	reapiratory erret	t, Approximata		
	IMMEDIATE CAUSE (Finel									
	disease or condition	( ) esport	CONSEQUENCE OF	ilwe				marke		
1		DUE TO (OR AS A	CONSEQUENCE OF	):						
Z	Construction for the constitutions	Pulmay	(F-510)	9				Years		
CERTIFICATION	Sequentially list conditions, If any, leading to Immediate  DUE TO (ORGAS A CONSEQUENCE OF):									
2	CAUSE (Disease or Injury	· Olepiron	much	filing	<i>ع</i> د			days		
F	that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF	):						
ER	resulting in death) LAST	d								
S	PART II. Other algorificant condition	a contributing to death by	it not resulting in	the underlyin	n cause alven in	Part I 24a V	MAS AN AUTOPSY	24b. WERE AUTOPSY FINDINGS		
CAL	RA			, 410 4174417,111	g cours given in		ERFORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE		
ă	()()					1 🗆	YES 2 NO	OF DEATH?		
ž						_	`	1 TES 2 NO		
ž					0.1					
PHYSICIAN: MEDI	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. P	ACE OF DEATH (Ch	eck only one)				
YSI	1 VES 2 WO	1 Propetlent 2 - ER/Outpo	itlent 3 DOA	4 - Nursing Hon	e 5 🗆 Residence	6 Other (Spec	lfy)			
표	27, MANNER OF DEATH	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME		URY AT	28d. DESCRIBE	HOW INJURY OCCU	RED		
B	1 Natural 5 Pending 2 Accident Investigation			M 1 🗆	YES 2 NO					
	3 Suicide 8 Could not be	28e. PLACE OF INJURY building, etc. (Speci	— At home, farm, at	treet, factory, offic	•	281. LOCATION City or Town	(Street and Number of , State)	Rural Route Number,		
E	4 Homicide determined									
COMPLETED	29a. CERTIFIER 1 CERTIFYINO PHYSI	CIAN: To the best of my knowle	edge, death occurre	d at the time, date	and place, and due	to the cause(s) s	and manner as stated			
M	anal .							cause(s) and manner as stated.		
	296. SIGNATURE AND TITLE OF CERTIFIES	· ·			29c. LICENSE NUI	MOED	SAL DATE	SIGNED (Month, Day Year)		
BE	11/1/1				1222	0 2	D 1/	1.4/6		
2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF DE	TH (ITEM 27) /Im-	Print)	100		-//	770		
	DIA SI		. 4	. 1 -	RI	1 .	2	4		
1	31. DATE FILED (Month, Day, Year)	10 (MACU JU	-,,	med C	r but	1. mp	400	7		
	JAN 2 5 1990 34	32. REGISTRAR'S SIGNA	Less							
	של טננו מאווחם	1								

TO THE HOSPITAL ON ATTENDING PHYSICIAN: The law requires that the death cartificate be executed within 10 THE FUNEAL DIRECTORA After this cartificate has been signed by the attending physician and completels be filed within 72 hours after death with the State Dopt. of Health and Mental Hyglene prior to build, cremma important: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event,	5	ecuted within	nd completel burial, crema	atic event,
TO THE HOSPITAL OF ATTENDING PHYSICIAN: The law requires that the death TO THE FUNERAL DIRECTOR. After this certificate has been signed by the after be field within 72 hours after death with the State Dept. of Health and Mentall IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or		certificate be ext	nding physician a Hygiene prior to	or other trauma
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law required TO THE FUNEARL DIRECTOR: After this certificate has been be filed within 72 hours after death with the State Dept. of IMPORTANT: If Item 28 is marked, or Item 23 sho		lires that the death	signed by the after Health and Mental	ws any injury, c
TO THE HOSPITAL OR ATTENDING PHYSIC TO THE FUNERAL DIRECTOR: After this ca be filed within 72 hours after death with I'll IMPORTANT: If Item 28 is marked, I		JAN: The law requ	rtificate has been ne State Dept. of	or item 23 sho
TO THE HOSPITAL OR A'S TO THE FUNERAL DIRECT DE filed within 72 hours IMPORTANT: If Item		<b>TTENDING PHYSIC</b>	TOR: After this ce after death with the	28 is marked,
	2	TO THE HOSPITAL OR A	THE FUNERAL DIRECTOR TO THE POUR TO THE POUR THE	IMPORTANT: If Item

TUC!	OG4C2-5348 RER HAHIE 14/95 RILLEH DAY GRANTLET ROAS 15 F OS/16/14 P						90	01650		
	1 - STATE REGISTRAR	STATE OF MARYLAND / CE		IT OF HEALTH AN						
	1. DECEDENT'S NAME (First, Middle, Last) TUCKER, Mas	me			2. DATE OF DEATH MONTH D		3.	TIME OF DEATH		
	226-30-1293 1	SEX 6. AGE (In yrs. les	YRS. MONTHS	ms. 7. DATE OF BIRTH (Month, Dev. Year)	(Month Day Mar) . Country)					
OR										
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY		10c. CITY, TOWN					d. INSIDE CITY LIMITS?		
	10e. STREET AND NUMBER		Dalt	101, ZIP CODE		10g. CITIZI		YES 2 NO		
FUNERAL	3801 Grant	tey Road		212	15	US	А			
BY FUN	1 Never Married 2 Married	. WAS DECEDENT EVER IN U.S. AR FORCES? 1 YES 2 X I IF YES, GIVE WAR OR DATES	IMED 1:	3. WAS DECENDENT OF H If yes, specify Cuban, M 1 YES 2 NO S	ISPANIC DRIGIN? (Specify Yelexican, Puerto Rican, etc.) Specify:	a or No— 1	14. RACE — Black, W Specify:			
ETED	15. DECEDENT'S EDUCATI	SINESS/INDU	STRY	Black						
OMP	17. FATHER'S NAME (First, Middle, Last)	<u> </u>		18. MOTHER	'S NAME (First, Middle, Malden	Surname)				
E W	George McLaughin				lie Stone					
0	19a. INFORMANT'S NAME (Type/Print) Georgia Logan	190			Rural Route Number, City or Tox					
=   '	20s/METHOD OF DISPOSITION	20b. PLACE	OF DISPOSITION /	rantley Roa	200 10	re, Mo		Ctota		
must	1 Neurial 2 Cremation 3 Removal 4 Donation 5 Other (Specify)	from State other pl	iland Me	morial Park	Da	nville		OIRE		
examiner must be	21. SIGNATURE OF FUNERAL SERVICE LICENS	) himupshu	2	March F/H	West	114111				
event, the medical	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):									
ry, or other traumatic	CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSECUENT)						J		
shows any inju	PART II. Other algnificant conditions of	ontributing to death but not e	resulting in the	underlying ceuse give		RMED?	AM CO DF	PRE AUTOPSY FINDINGS ARLABLE PRIOR TO DMPLETION DF CAUSE F DEATH? YES 2 NO		
ed, or item 23 PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:	OTH		H (Check only one)					
marked, or BY PHYS	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK?	28d, DESCRIBE HOW	INJURY OCC	URED			
28 Is	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At he building, etc. (Specify)	ome, ferm, street, f	actory, office	28f. LOCATION (Street City or Town, State		or Rural Rout	e Number,		
ANT: If Item COMPLE	29a. CERTIFIER	N: To the best of my knowledge, do On the basis of examination and/or						nd manner as stated.		
O BE COM	296. SIGNATURE AND TITLE OF CERTIFIER  WW (TRUE)			29c. LICENS	ENUMBER W9334	29d. DATE	SIGNED (M	onthy Day, Year)		
1 6	30. NAME AND ADDRESS OF PERSON WHO C	OMPLETED CAUSE OF DEATH (ITE	M 27) (Type, Print)							

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (1704, 61m)

WWITKER SWALL GOSP

BALTIMORE OF

JAN 2 5 1990

32. REGISTRAR'S SIGNATURE

3. TIME OF DEATH

24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?

Interval Between **Onset and Death** 

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

1 -

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	OR.	5
	IE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed wn.	
	E	-
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	100	1
	***	- 3

	MICHAEL W	. TRAYNHA	m				MONT	H DA		EAR ()	1:250	
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. les	VRS. IF UNDE	P 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE (Monti	OF BIRTH		BIRTHPL: Country)	MCE (State or Foreign	
	9a. FACILITY NAME (If not institution, give s	^	0.5		Y, TOWN	OR LOCATION OF D	EATH	-20-5	9c. COUNTY	OF DEAT	н	
O.		DICAL CE	NTE	R I	SAL	TIMORE	. ms		B	ALT.		
DIRECTOR	10a. STATE 10b. COUNT	Υ		10c. CITY, TOWN	OR LOCA	TION .				10	d. INSIDE CITY	
- 10	Ma	×-		Dalt	mo					1)	YES 2 NO	
, L	50/ E. Pres-	ton st			10	2/20	2		10g. CITIZEN	OF WHA	SA-	
BY FUNERAL	11. MARITAL STATUS  1 Naver Married 2 Married  3 Wildowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR I	2 1		Il yes, sp	CENDENT OF HISPA Hecity Cuban, Mexic 2 NO Speci	en, Puerto		or No 14		American Indien, thite, etc. Black	
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade		(G	CEDENT'S USUAL (	during me		16b	. KIND OF BUS	INESS/INDUS	TRY		
	Elementary/Secondary (0-12)	College (1-4 or 5 +)	, me	Do NOT use retired.	Alu	use						
Ş	17. FATHER'S NAME (Eirst, Middle, Last)	1		1.44.	1400	18. MOTHER'S N	AME (First,	Middle, Maiden,	Surgerjie) 🗻			
30	Benjamin	Truyphas				Mari	ette	Wi	Man			
2	19e. INFORMANT'S NAME (Type/Print)	hans	19	1818 Y	S (Street	and Number or Rural	1 .	ber, City or Town	, State, Zip Co	cle)	21207	
	20a. METHOD OF DISPOSITION	20	b. PLACE	OF DISPOSITION (N	lame of ce	metery, crematory or	Driv	20c, LO	CATION — City			
	1 Surial 2 Cremation 3 Rem 4 Donation 6 Other (Specify)	noval from State	other pi	Arbu	tus	Men 1	ark	Hot	why.	170		
	21. SIGNATURE FUNERAL SERVICE LI	- Dhympol	M	To 22	HAME A	ND ADDRESS OF F	ACILITY H. U	lest 1	6	0		
	23. PART   Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or reapiratory arrest, Interval B Interval B											
	IMMEDIATE CAUSE (Final disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):											
ξ	Sequentially list conditions, b. HIV PUSITIVE											
	Sequentially list conditions, If any, leading to immediate ceuse. Enter UNDERLYING											
NO INCLINE	CAUSE (Disease or Injury that Initiated eventa Due TO (OR AS A CONSEQUENCE OF):											
u li												
MEDICAL C	PART II. Other significant condition	ne contributing to deeth	but not	resulting in the u	inderlyln	g cause given is	Part I.	24a. WAS AN PERFOR	MED?	AA CI	ERE AUTOPSY FINDIN ALABLE PRIOR TO OMPLETION OF CAUSE F DEATH?	
										1	YES 2 NO	
AN	25. WAS CASE REFERRED TO MEDICAL				26. P	LACE OF DEATH (C	heck only o	ne)				
	EXAMINER?	HOSPITAL: 1 Impatient 2 Impati	tpatient 3	DOA 4 N		ne 5 🗆 Residence	6 🗆 Oth	er (Specify)				
ВУ РНУ	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)		28b. TIME OF INJURY M	W	JURY AT DRK? YES 2 NO	28d. DE	SCRIBE HOW I	NJURY OCCUP	RED		
TED	3 Suicide 6 Could not be determined	26e. PLACE OF INJUP building, etc. (Sp	Y — At he	ome, farm, street, fa	ctory, offi	00		CATION (Street a or Town, State)	and Number or	Rural Rou	e Number,	
MPLE		SICIAN: To the best of my kno	wiedge, de	eath occurred at the	time, dat	e and place, and du	e to the ca	use(s) end mar	ner as stated.			
<u>8</u>	0/10) 2 MEDICAL EXAMIN	ER: On the basis of examinati	lon and/or	Investigation, in my	opinion,	death occured at th	e time, date	end place, an	d due to the o	euse(s) s	nd manner as stated	
BE	296. SIGNATURE AND TITLE OF CERTIFIE	29c. LICENSE N			29d. DATE S	IGNED (M	onth, Day, Year)					
2	30. NAME AND ADDRESS OF PERSON WI	HO COMPLETED CAUSE OF I	EATH (ITE	M 27 Charle Prints	pan	N37	203			22	(90	
	TERANCE	LAMB	LB	ERTYI	NEI	DICAL	CF	NITE	2 1	RAI-	TIMOREME	

32. REGISTRAR'S SIGNATURE

JAN 25 1990

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

2. DATE OF DEATH MONTH

DHMH-16 Rev 1/89

BALTIMORE, PREST AND 21203-3146	er death. Page 6 m x be retained by the hospital or attending phy	the funeral director, pay 5 ch end be detached for use as the bus val.	il examiner must be notifiled at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 m., be retained y the hospital or attending physic	TO THE FUNERAL DIRECTOR: After this cardificate has been signed by the attending physician and completely filled in by the funeral director, pay Caberdo be detached for use as the burial be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

y the hospital or attending physician. be detached for use as the burial-transit permit. Pages 1, 2, 3 should

31. DATE FILED (Month, Day, Year)

JAN 2,5 1990

32, REGISTRAR'S SIGNATURE

	FOR STATE REGISTRAR		STATE OF M					EALTH AN		NTAL HYGIEN REG. NO	_				
	1. DECEDENT'S NAME (First,	Middle, Last)	,		741					DATE OF DEATH		YEAR	3. TIME OF	OEATH	
	Alvia	To	30 Ken							1 6	7	90	5	A	M
	4. SOCIAL SECURITY NUMBER 220-60-6		5. SEX	6. AGE (in yrs	last birthday) VRS.	IF UNDER	1 YEAR DAYS	IF UNDER 24 H	(RS. 7.	DATE OF BIRTH (Month, Day, Year)	200	6. BIRTH Count	IPLACE (State)	a or Foreign	,
	9a. FACILITY NAME (If not ins		met and number)	- /		Sh CITY	TOWN C	OR LOCATION (	DE DEATH		9c, COU	ITY OF C	EATH		_
OR	HARBOR HOS	SPITAL						ORE C			J 300.				
5	RESIDENCE OF DEC	10b. COUNTY			1 200 05	ry, TOWN (	OR LOCAT	200					10d, INSID	E CITY	
DIRECTOR	MD.	100.000111			- 1144	ALTIM		NO.					LIMIT:	S?	
	10e. STREET AND NUMBER						101	. ZIP CODE		-	10g. CITI	ZEN OF Y	WHAT COUN	TRY?	
FUNERAL	612 SPRINGF	IELD A	VE.					21212			11	.S.A			
3	11. MARITAL STATUS		12. WAS DECEDEN					ENDENT OF H		RIGIN? (Specify Ye			— America	in Indien,	
	1 Never Merried 2	0.0000000		MAR OR DATES	□ NO			ocity Cuban, M 2   NO 5		verto Rican, etc.)		Spec			
B	3 Widowed 4 Divor	rced	_					_				BI	ACK		
E C		EDENT'S EDUC		16a.	DECEDENT'S	work done	durina ma	ON et of working		16b. KIND OF BU	SINESS/IND	USTRY			
COMPLET	Elementary/Secondary (0-	-12)	College (1-4 or 5	+)	Ma. Do NOT	ne retired.)		//		_					
Ž	17. FATHER'S NAME (First, Mi	iridia I nati						SE MOTTHER	'S NAME /	First, Middle, Meiden	Suramel				
BE CC	The state of the s					III. MOTTIEN	-	rest, mioois, meioeri	Suriame						
TO B	19a. INFORMANT'S NAME (7)	iype/Print)			19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)										
	20s. METHOD OF DISPOSITION 20s. PLACE OF DISPOSITION (Name of comptany, cramatory or 20c, LOCATION — City or Town, State														
	1 Buriel 2 Crematio	n 3 🗆 Remo		oth	r place)	ISITION (N	ame of ce	netery, cremetor	ry or	20c. LC	CATION —	City or Te	own, State		
	21. SIGNATURE OF FUNERAL					22.	NAME A	NO ADDRESS	OF FACILIT	ry					
	The an	del	MALN	11,											
-	23. PART I. Enter the di	LONV	1000		don't Do					BOARD, B					
	shock, or he	eart failure. L	use on each	line.	not enter	the mo	ide or dying,	, such se	cardiac or resp	iretory sm	est,	Inter	roximata rvai Betwo		
	IMMEDIATE CAUSE (Fin	nai		_		, /							Ons	et and De	eath
	IMMEDIATE CAUSE (Final disease or condition resulting in death)  a. DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):								-	-			10	2014	4_
,				60 .	10		^						1,75		
δ	Sequentially list conditi		DUE TO	O (OR AS A COP	ISEQUENCE	DF):	Nna	- year					1/0	-	
¥	if any, leading to immed cause. Enter UNDERLY!	NG											1		
표	CAUSE (Disease or inju that initiated events	ly "	DUE TO	OR AS A CON	ISEQUENCE OF):								170		
CERTIFICATION	resulting in death) LAS	T .													
8												_			
CAL	PART ii. Other significa	nt condition:	s contributing to	death but n	ot resulting	in the u	nderlyin	g cause give	en in Par	t i. 24a. WAS AF PERFD		24	AWAILABLE	PRIOR TO	
										1 TYES	NO		OF DEATH?	ON DF CAUS	Æ
MEDI												ľ	1 🗌 YES	2 🗌 ND	
ż															
PHYSICIAN:	25. WAS CASE REFERRED TO EXAMINER?	O MEDICAL	HOSPITAL:					LACE OF DEAT	TH (Check o	only one)					
Sic	1 TYES 2 NO		1 ill inputiont 2	☐ ER/Outpetler	8 3 🗆 DOA	4 Nu		ne 5 🗆 Reeld	ence 6	Other (Specify)					
Ě	27. MANNER OF DEATH		28a. DATE Of	F INJURY Day, Year)	28b. Ti	ME OF		JURY AT	28	d. DESCRIBE HOW	INJURY OC	CURED			
BY		Pending Investigation		,,		М		YES 2 N	ю						
	A [] A 1 4 5	Could not be		OF INJURY — A	t home, farm	street, fac	tory, offic	<b>&gt;0</b>	28	t. LOCATION (Street City or Town, State		r or Rural	Route Numbe	Pr,	
ETED		detarmined													
1	29a. CERTIFIER (Check only	TIFYING PHYSIC	CIAN: To the best o	of my knowledge	, death occu	rred at the	time, date	and place, an	nd due to t	the cause(e) and mo	inner as ste	ted.			
COMPL	0001	ICAL EXAMINE	R: On the basis of	axamination and	Vor Investigat	ion, in my	opinion,	death occured	at the time	e, date and place, a	nd due to ti	he cause	e) end manr	er es state-	d.
ш	29b. SIGNATURE AND TITLE	OF CERTIFIER						29c, LICENS	E NUMBE	R	29d. DAT	E SIGNE	D (Month, Da	y. War)	
0	12	4-	mo												
	30 NAME AND ADDRESS OF	E DEDSON WHI	D COMPLETED CAL	ISE OF DEATH	(TEM 27) /5-	on Delegti									

DHMH-16 Rev 1/89

-4

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

burial-transit permit. Pages 1, 2, 3 should

ng physician.

BALTIMORE, MARYLAND

TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within towns after death. Page 6 may be retained by the by The FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detained filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1. DECEDENT'S NAME (First, Middle, Last)		CERTIFIC	ATE OF DEATH	REG. N	0.	BOARD
I. DECEDENT & NAME (First, MICCHE, CHST)		7		2. DATE OF DEATH MONTH	DAY Y	3. TIME OF DEATH
	JNDERDUE			JANUARY		90 8:00A M
4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE		UNDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8	BIRTHPLACE (State or Foreign Country).
224-92-5653	1 M 2 F	89 YRS.	MINS DATE NOONS MIN.	August	25,19	00/N. Carolin
Se. FACILITY NAME (If not institution, give	street and number)	98	D. CITY, TOWN OR LOCATION OF DI	ATH	9c. COUNT	Y OF DEATH
THE JOHNS HOPKIN	S HOSPITAL		BALTIMORE CIT	Y	BALT	TIMORE
RESIDENCE OF DECEDENT  10e, STATE 10b, COUN	TY	10c CITY T	OWN OR LOCATION			10d. INSIDE CITY
Maryland	none		altimore Cit	V		LIMITS?
100. STREET AND NUMBER	110116		101, ZIP CODE	J	10a CITIZE	N OF WHAT COUNTRY?
	Otronat		21213			ed States
1230 N. Curle	12. WAS DECEDENT EVER	N II S ADMED	13. WAS DECENDENT OF HISPAI	IIC OBIGIN2 (Specify		
1 Never Merried 2 Merried	FORCES? 1 TYES	2 NO	it yes, specify Cuben, Mexica	n, Puerto Ricen, atc.)	100 01 110	Black, White, etc.
3 Widowed 4 Divorced	IF YES, GIVE WAR OR D	DATES	1 TYES 2 NO Specif	<i>y</i> :	N.	specify: legroid
15, DECEDENT'S ED	UCATION	160. DECEDENT'S US	UAL OCCUPATION	16b. KIND OF	BUSINESS/INDUS	
(Specify only highest grad Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of work life. Do NOT use n	t done during most of working stired.)			
	unknown	Housew	ife	non	е	
17. FATHER'S NAME (First, Middle, Last)			16. MOTHER'S NA	ME (First, Middle, Meid	en Surname)	
Ben Banks			Georg	ia Hill		
19e. INFORMANT'S NAME (Type/Print)			DRESS (Street end Number or Rural			
Betty Nole		1230 C	Curley St. Ba	ilto, Md.	21213	3
20e. METHOD OF DISPOSITION	20		ON (Name of cemetery, cremetory or			y or Town, State
1 Buriel 2 Cremetion 3 Re-	movel from State	Balt	imore Cemete	ery Ba	ltimoı	re, Maryland
21. SIGNATURE OF FUNERAL SERVICE L	JCENSEE V	0	22. NAME AND ADDRESS OF FA	CUTY	Funer	ral Home
1/2/51	SAM	- 500	1412 E Pre	ston St	Bali	to, Md. 21213
23. PART I. Enter the diseases, or	- Cui	d the deeth De set	<u> </u>			
ahock, or heart failure	. List only one cause on	each line.	enter the mode or dying, aut	n as cardiac or re	apiratory arres	Interval Between
iMMEDIATE CAUSE (Final disease or condition						Onset and Death
resulting in deeth)	a. Sepsis Due to (OR AS		7.66.56			2 0%
	DUE TO (OR AS	A CONSEGUENCE OF):				
Sequentially list conditions,	b	A CONSEQUENCE OF):				
if any, leading to immediate ceuse. Enter UNDERLYING	542 10 (01110	A GOILDEGUETTE OF J.				İ
CAUSE (Disease or injury that initiated events	C. DUE TO (OR AS	A CONSEQUENCE OF):				
resulting in death) LAST	4					
	d					
PART ii. Other aignificant condition				Part I. 24a. WAS	AN AUTOPSY FORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
Demontra	malnutrite	,on			2 1 NO	COMPLETION OF CAUSE OF DEATH?
		- 0				
Chronic renal	failure, acul	re venal fe	ailure			1 TYES 2 THO
Chronic renal	failure, acul	e venal fe	ailure	_		1 TYES 2 DATO
25, WAS CASE REFERRED TO MEDICAL			26. PLACE OF DEATH (C	neck only one)		1 □ YES 2 □ MÓ
	HOSPITAL:					1 - YES 2 - AND
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL: 1\ Inputlent 2 = ER/Out 280. DATE OF INJURY	tpatient 3 DOA 4	26. PLACE OF DEATH (CO		W INJURY OCCU	
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2  40  27. MANNER OF DEATH  1  Return 5  Pending	HOSPITAL: 1\( \text{Tipatient 2} \square \text{ER/Out} \) 28e. DATE OF INJURY (Month, Day, Year)	tpatient 3 DOA 4	26. PLACE OF DEATH (CO	6 Gther (Specify)	W INJURY OCCU	
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2  HO  27. MANNER OF DEATH  1  Natural 5  Pending Investigation	HOSPITAL: 1\ Tipatient 2 = ER/Ou 28e. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJUR	tpetient 3 DOA 4  28b. TIME ( INJUR	28. PLACE OF DEATH (CONTINUED)  DTHER: Nursing Home 5 Residence DF 28c. INJURY AT WORK?  M 1 YES 2 NO	6 Gther (Specify) 28d, DESCRIBE HO 28f, LOCATION (Str	eet and Number o	
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation	HOSPITAL: 10 Impetient 2 ER/Ou 28e. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJUR	tpetient 3 DOA 4  28b. TIME ( INJUR	28. PLACE OF DEATH (CONTINUED)  DTHER: Nursing Home 5 Residence DF 28c. INJURY AT WORK?  M 1 YES 2 NO	6 Gther (Specify) 28d. DESCRIBE HO	eet and Number o	RED
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined  29a. CERTIFIER 1 PERTIFYING ON	HOSPITAL: 1\interpretation 2 = ER/Out 28e. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJUR building, etc. (Sp	tpetient 3 DOA 4  28b. TIME ( INJUR  IY — At home, farm, streecity)	26. PLACE OF DEATH (CODTHER: Nursing Home 5 Residence DF 28c. INJURY AT WORK? M 1 YES 2 NO eet, factory, office	6 Cther (Specify)  28d, DESCRIBE HO  28f, LOCATION (Str. City or Town, St	eet and Number o ate)	RED  r Flural Floute Number,
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending investigation investigation and determined  2 Accident 0 determined  29a. CERTIFIER (Check only)  1 CERTIFVING PH1	HOSPITAL:  1V Impetient 2 ER/Out  28e. DATE OF INJURY (Month, Day, Year)  28e. PLACE OF INJUR building, etc. (Sp	tpetient 3 DOA 4  28b. TIME ( INJUR  TY — At home, farm, streetly)	28. PLACE OF DEATH (CONTINUED)  DTHER: Nursing Home 5 Residence DF 28c. INJURY AT WORK?  M 1 YES 2 NO	6 Cther (Specify)  28d. DESCRIBE HO  28f. LOCATION (Str. City or Town, St	net and Number of ate)	RED  r Flural Route Number,  s.
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation 3 Suicide 6 Could not be determined  29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER OF DEATH  1 CERTIFYING PH	HOSPITAL:  1\ Impetient 2 = ER/Out  28e. DATE OF INJURY (Month, Day, Year)  28e. PLACE OF INJURY building, etc. (Sp.  /SICIAN: To the best of my kno  NER: On the beste of examination	tpetient 3 DOA 4  28b. TIME ( INJUR  TY — At home, farm, streetly)	26. PLACE OF DEATH (COORDINATE CONTINUES)  26. PLACE OF DEATH (COORDINATE CONTINUES)  28. INJURY AT WORK?  1 YES 2 NO  set, fectory, office  at the time, date end place, end du  In my opinion, death occured at the	6 Gther (Specify) 28d. DESCRIBE HO 28f. LOCATION (Str. City or Town, St	menner as atated, and due to the	RED  r Rural Route Number,  s. cause(s) end manner as stated.
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending investigation investigation and determined  2 Accident 0 determined  29a. CERTIFIER (Check only)  1 CERTIFVING PH1	HOSPITAL:  1V_Impatient 2 = ER/Out  28e. DATE OF INJURY (Month, Day, Year)  28e. PLACE OF INJUR building, etc. (Sp  /SICIAN: To the best of my kno NER: On the beste of examination	tpetient 3 DOA 4  28b. TIME ( INJUR  TY — At home, farm, streetly)	28. PLACE OF DEATH (C DTHER: Nursing Home 5 Residence DF 28c. INJURY AT WORK? M 1 YES 2 NO set, factory, office at the time, date end place, end du	6 Gther (Specify) 28d. DESCRIBE HO 28f. LOCATION (Str. City or Town, St	menner as atated, and due to the	RED  r Flural Floute Number,  5.
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 70  27. MANNER OF DEATH  1 Metural 5 Pending Investigation 3 Suicide 6 Could not be determined  29a. CERTIFIER (Check only one) 2 MEDICAL EXAMI	HOSPITAL:  1V Impetent 2 = ER/Out  28e. DATE OF INJURY (Month, Day, Year)  28e. PLACE OF INJUR building, etc. (Sp  (SICIAN: To the best of my kno NER: On the basie of examination	Ipetient 3 DOA 4  28b. TIME ( INJUR  IY — At home, farm, streecily)  wiedge, death occurred ton end/or investigation,	26. PLACE OF DEATH (COTHER: Nursing Home 5 Residence DF 28c. INJURY AT WORK? 1 YES 2 NO eet, factory, office at the time, date end place, end du In my opinion, death occured at the	6 Gther (Specify) 28d. DESCRIBE HO 28f. LOCATION (Str. City or Town, St	menner as atated, and due to the	RED  r Rural Route Number,  s. cause(s) end manner as stated.
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined  29a. CERTIFIER (Check only one) 2 MEDICAL EXAMI  29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON N	HOSPITAL:  1V Impetent 2 = ER/Out  28e. DATE OF INJURY (Month, Day, Year)  28e. PLACE OF INJUR building, etc. (Sp  (SICIAN: To the best of my kno NER: On the basie of examination	Ipetient 3 DOA 4  28b. TIME ( INJUR  IY — At home, farm, streecily)  wiedge, death occurred ton end/or investigation,	28. PLACE OF DEATH (CONTHER):  Nursing Home 5 Residence  28c. INJURY AT WORK?  1 YES 2 NO  set, fectory, office  at the time, date end piece, end du in my opinion, death occured at the	6 Cther (Specify)  28d. DESCRIBE HO  28f. LOCATION (Sin- City or Town, Si  to the cause(e) end of time, date end plece	menner as atate , end due to the	RED  r Rural Route Number,  s. cause(s) end manner as stated.
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined  29a. CERTIFIER (Check only one) 2 MEDICAL EXAMI	HOSPITAL:  1V Impetent 2 = ER/Out  28e. DATE OF INJURY (Month, Day, Year)  28e. PLACE OF INJUR building, etc. (Sp  (SICIAN: To the best of my kno NER: On the basie of examination	Ipetient 3 DOA 4  28b. TIME ( INJUR  IY — At home, farm, streecily)  wiedge, death occurred ton end/or investigation,	26. PLACE OF DEATH (COTHER: Nursing Home 5 Residence DF 28c. INJURY AT WORK? 1 YES 2 NO eet, factory, office at the time, date end place, end du In my opinion, death occured at the	6 Cther (Specify)  28d. DESCRIBE HO  28f. LOCATION (Sin- City or Town, Si  to the cause(e) end of time, date end plece	menner as atate , end due to the	RED  r Rural Route Number,  s. cause(s) end manner as stated.
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation 3 Suicide 6 Could not be determined  29a. CERTIFIER (Check only one) 2 MEDICAL EXAMI  29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON N	HOSPITAL:  1V Impetent 2 = ER/Out  28e. DATE OF INJURY (Month, Day, Year)  28e. PLACE OF INJUR building, etc. (Sp  (SICIAN: To the best of my kno NER: On the basie of examination	Ipetient 3 DOA 4  28b. TIME ( INJUR  IY — At home, farm, streecily)  wiedge, death occurred ton end/or investigation,	28. PLACE OF DEATH (CONTHER):  Nursing Home 5 Residence  28c. INJURY AT WORK?  1 YES 2 NO  set, fectory, office  at the time, date end piece, end du in my opinion, death occured at the	6 Cther (Specify)  28d. DESCRIBE HO  28f. LOCATION (Sin- City or Town, Si  to the cause(e) end of time, date end plece	menner as atate , end due to the	RED  r Rural Route Number,  s. cause(s) end manner as stated.

**DHMH-18 Rev 1/86** 

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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral of		IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examines
	after	by the	emova	lical
	SIR	u p	00	He
		fille	iou,	the
,	with	npleteh	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	vent,
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	500						90 0165
	1 - STATE REGISTRAR	STATE OF MARYLAND /		T OF HEALTH AND E OF DEATH	MENTAL HYGIEN REG. NO		
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH MONTH D	AY YEA	3. TIME OF DEATH
	ARCH 4. SOCIAL SECURITY NUMBER	(NMN)	WALDO			1990	5:30 A. M
	431-46-8447	5. SEX 6. AGE (In yrs. last	YRS, MONTHS		7. DATE OF BIRTH (Month, Day, Year) JAN . 11,	C	IRTHPLACE (State or Foreign ountry) rkansas
~	9a. FACILITY NAME (If not institution, give str			Y, TOWN OR LOCATION OF D	EATH	9c. COUNTY C	DE DEATH
2	7704 Telegraph Ro	oad	Se	evern		Anne	Arundel
DIRECTOR	10e. STATE 10b. COUNTY		10c. CITY, TOWN				10d. INGIDE CITY LIMITG? X 1 YES 2 NO
	100. STREET AND NUMBER	Aldidel	Devell	101, ZIP CODE		10a. CITIZEN C	DE WHAT COUNTRY?
ER/	7704 Telegraph Ro	oad		21144		USA	
N	11. MARITAL STATU6	12. WAS DECEDENT EVER IN U.S. ARI		WAS DECENDENT OF HISPA	NIC ORIGIN? (Specify Yes	s or No 14. F	ACE — American Indian,
BY FUNERAL	1 Never Married 2 X Married 3 Wildowed 4 Divorced	FORCES? 12 YES 2 N	9	If yes, specify Cuban, Maxico 1 TYES 2 NO Specific			Specify: White
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of		CEDENT'S USUAL (	OCCUPATION during most of working	16b. KIND OF BU	GINESS/INDUSTR	
9	Elementary/Secondary (0-12)	College (1-4 or 5+)	Do NOT use retired.				
MP	10th	None Se	elf-Emplo		Trucki		
	17. FATHER'S NAME (First, Middle, Lest)				AME (First, Middle, Maiden	Surname)	
BE	Arch  19a. INFORMANT'S NAME (Type/Print)	Waldo, Sr.		Sallie S6 (Street and Number or Rural		Nore	
2	Bertha I.						
	20a, METHOD OF DISPOSITION	20b. PLACE (	OF DISPOSITION A	98. Severn	Mary land	CATION — City of	or Town, State
	1 Buriel 2 Cremation 3 Remo			Cemetery	1		Maryland
	21. SIGNATURE OF BUNERAL SERVICE LICE	ENSEE		NAME AND ADDRESS OF FA			
	· Dothat	Ta.	c	TNOI ETON EUN	EDAT HOME		D AVE. S.W. URNIE,MD 21061
	23. PART I. Enter the diseases, or co	omplications that caused the de	eth. Do not ente	r the mode of dying, auc	th as cardiac or resp	iratory arrest,	Approximeta
	ahock, or heert feilure. L	Liet only one cause on each line.	).				Interval Between Onset and Death
	disease or condition resulting in death)	BRIDIG.	257104	Ann	055		
	Todating in death)	DUE TO (OR AS A CONSEC	DUENCE OF):			_	
×	Sequentially list conditions,	DUE TO (OR AS A CONSEC	13	DUNCH	775		
AT	if any, leeding to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CONSEC	DUENCE OF):				
FIC	CAUSE (Disesse or injury that initieted events	DUE TO (OR AS A CONSECU	S C C T	NUTIC	CHUUIC	22430	cum
CERTIFICATION	resulting in deeth) LAST				,	2/3/(1)	74
CE		1+					
AL	PART II. Other significant conditions	i contributing to death but not n	esuiting in the u	inderlying cause given in	Part I. 24s. WAS AN PERFOI		24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO
PHYSICIAN: MEDICAL					1 YES :	2 140	OF DEATH?
Σ					—		1   YE6 2   AND
AN	25. WAS CASE REFERRED TO MEDICAL						
Ö	EXAMINER?	HOSPITAL:	ОТНЕ				
H	27. MANNEB-OF DEATH	280. DATE OF INJURY	26b. TIME OF	28c, INJURY AT	6 ☐ Other (Specify)  28d. DESCRIBE HOW	INJURY OCCURE	0
	1 Netural 5 Pending	(Month, Day, Year)	INJURY	WORK?			
D BY	2 Accident Investigation 3 Suicide 6 Could not be	26s. PLACE OF INJURY At hor	me, farm, street, fa	ctory, offica	26f. LOCATION (Street	and Number or Ru	ural Route Number,
TE	4 Homicide determined	building, etc. (Specify)			City or Town, State	)	
COMPLETE	29a. CERTIFIER 1 CERTIFYING PHYSIC	CIAN: To the best of my knowledge, de	ath occurred at the	lime, data and place, and dur	s to the cause(s) and me	nner as stated.	
DMI	opel	R: On the basis of examination and/or i					use(s) and menner as stated.
EC	200. SIGNATURE AND TITLE OF CENTIFIER	n)		29c. LICENSE NU	MBER	29d. DATE SIG	NED (Month, Day, Year)
00	Mu St	an		12	7838	1 V	23/90
2	30] NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH STEE	M OT Class Colot)				7.70

SIGNATURE AND TITLE OF CENTRAL 29c. LICENSE NUMBER 27 e 30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

31. DATE FILED (MONTH, Day, Year)

JAN 25 1990 SHAUTERS

32. REGISTRAR'S SIGNATURE

he Tavidson

FOR 1 - STATE REGISTRAR	STATE OF MARY	LAND / DEPARTMENT		REG. NO.	
1. DECEDENT'S NAME (First, Middle, Lee MARGARET	MARYAGNI	ER		2. DATE OF OEATH DAY DAY - 22 - 4	YEAR 3 55 A M
4. SOCIAL SECURITY NUMBER 209-266887	1 □ M 2 💢 F	81 YRS. MONTHS	DAYS HOURS MIN.	7. DATE OF BIRTH (Mpnth, Day, Year) 6-19-08	8. BIRTHPLACE (State or Foreign Country) PENN: A
90. FACILITY NAME (If not institution, give BROOKE Grove Residence of Decement		Home_ St. City	ONEY	TH 9c. COL	MONT.
RESIDENCE OF DECEDENT  10a. STATE  10b. COUN	MONT	6 LUE	. 4.0	26832	10d. INSIDE CITY LIMITS? 1 Pres 2 NO
10e. STREET AND NUMBER  8 4/30  11. MARITAL STATU  1 arried 2 Married  3 Wildowed 4 Divorced	proope	GROVE RD	101. ZIP CODE	832	SZEN OF WHAT COUNTRY?
	12. WAS DECEOENT EVER FORCES? 1 YES	S 2 10	WAS DECENDENT OF HISPANI If yes, specify Cuban Maxican 1 ☐ YES 2 [] NO Specify:	C ORIGIN? (Specify Yea or No— , Puerto Ricen, etc.)	14. RACE — American Indian, Black, White, atc. Specify: WHITE
15. OECEDENT'S Et (Specify only highest gra  Elementary/Secondary (0-12)  1 2  17. FATHER'S NAME (First, Middle, Last)	OUCATION de completed) College (1-4 or 5+)	16e. DECEDENT'S USUAL O (Give kind of work done life. Do NOT use retired.) HOMEMAKE	during most of working	16b. KINO OF BUSINESS/IN	
FREDERICK H	AIN		ELEA	NOR MAHON	
196. INFORMANT'S NAME (TypesPrint) ROBERT F. WAGN	ER			oute Number, City or Town, State, Zi	
20a. MFROD OF DISPOSITION  1  Surial 2 Cremation 3 Re 4 Donation 5 Other (Specify)	moval from State	ob. PLACE OF DISPOSITION (No other place) RESURRECTIO			City or Town, State EM TWSP, PA.
21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	00		N FUNERAL H VIRGINIA 22	
IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO (OR AS	B A CONSEQUENCE OF):  B A CONSEQUENCE OF):	F LUNG	\$	1 year
PART II. Other significant condition with the significant cond	ons contributing to death  www.	massuife	dond	PERFORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   YES 2   HO	HOSPITAL: 1   Inpetient 2   ER/O	utpetient 3 DOA 4 Nu	26. PLACE OF DEATH (Che raing Home 5 - Residence		
27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF INJUR (Month, Day, Year		28c. INJURY AT WORK?  1 YES 2 NO	28d. DESCRIBE HOW INJURY OF	CCURED
	building, atc. (S)	RY — At home, ferm, street, fed pecify)	ctory, office	281. LOCATION (Street and Number City or Town, State)	er or Rural Route Number,
anal	200			to the cause(s) and manner as st	ated. the cause(s) and manner as stated.
296. SIGNATURE AND TITLE OF CENTIF	Coxcu		BOU.	BER 29d. DA	TE SIONEO (Month, Day, Year)  1-22-90
30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUSE OF		9 NEDCO	IN DO DE	2081
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SI	0010.1.	7 KPDUH	19 40,00	LUOVD, MI)

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the righter prior to contact, cremedon,	y, or other traumatic event, the mutical examin	
and the same of th	injury, or other traumatic event, the mittien eximin	
and the second state of the second se	any injury, or other traumatic event, the minical examina	
of recent and recent report of the contract of	shows any injury, or other traumatic event, the middles exemin	

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	FOR STATE REGISTRAR	TATE OF MARYLAND /	DEPARTM			REG. NO		90 0	1656
	1. DECEDENT'S NAME (First, Middle, Last)	WESTCH	Dor	othy C	Westcot	2. DATE OF DEATH BOTTH		EAR 5 4	DEATH M
		SEX 6. AGE (In yrs. les	st birthday) IF L	THE DAYS	IF UNDER 24 HRS, HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 9-10-05	8.	BIRTHPLACE (Stell Country)	o or Foreign
~	Se. FACILITY NAME (If not institution, give street e	and number)	/ 9b.	CITY, TOWN O	R LOCATION OF DEA		9c. COUNTY		i.u.
DIRECTOR	ST. JOSEPH	1 Jospita		101	1420 M		PAL	-10	
OIRE	Md. Ва	lto.		wn or locati Limoniu				10d. INSID: LIMITS 1 TES	87
	10e. STREET AND NUMBER			101.	ZIP CODE		10g. CITIZEN	N OF WHAT COUNT	TRY?
FUNERAL		NS Dr. WAS DECEDENT EVER IN U.S. AF FORCES? 1 ☐ YES 2XX			21093 INDENT OF NISPANI city Cuban, Maxican	C ORIGIN? (Specify Ya		. RACE — America Black, White, etc.	n Indian,
B≼		IF YES, GIVE WAR OR DATES			2 NO Specify:				ite
COMPLETED	15. DECEDENT'S EDUCATIO (Specify only highest grade comp. Elamentary/Secondary (0-12) Co	pleted) (G	ECEDENT'S USU. Give kind of work on Do NOT use reti	done durina mos	N t of working	18b. KIND OF BU	SINESS/INDUS	TRY	
MPL	10 17. FATNER'S NAME (First, Middle, Last)		Homema	ker	40 1107117010 1144	IE (First, Middle, Maider	0 1		,, 11
BE CC	Joseph Kraus				Mary Ba	10000	Sumame)		
TO B	19a. INFORMANT'S NAME (Type/Print)	-			nd Number or Rural Re	oute Number, City or Tox		*	
	Shirley W. Knutsen				Greens I	r. Timoni		21093 v or Town, State	
	1 🔀 Burlal 2 🗆 Cremation 3 🗆 Removal 4 🗆 Donation 5 🗆 Other (Specify)	from State other p	eland (		olary, Cremetory or	71,21.71	ilto.,	The state of the state of	
	21. SIGNATURE OF FUNERAL SERVICE LICENS	EE /			D ADDRESS OF FAC				
)	* Jackley h	hursty		6415	Belair Ro	l. Balto.,			
*	23. PART I. Enter the diseases, or compandot, or heart failure. List IMMEDIATE CAUSE (Final disease or condition resulting in death)	prications trait caused the di prily one cause on each lin-	e.  Cuella	A P	rufa	retra	iratory arrea	inter	roximata rval Between et and Death
CERTIFICATION	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO JOH AS A COMBE	COUENCE OF	e of	ge 7	Jach	r		
띩	resulting in death) LAST	- Vinne	une	0	y wer	mud .			
PHYSICIAN: MEDICAL	PART II. Other algnificent conditions co	ontributing to deeth but not	resulting in th	ne underlying	j ceuse given in i		RMED?	24b. WERE AUTO AVAILABLE COMPLETIO DF DEATH? 1 YES	PRIOR TO ON OF CAUSE
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:	100	26. PL	ACE OF DEATH (Che	ck only one)			
PHYSI	1  YES 2 NO 1	Inpatiant 2 ER/Outpatiant  28a. DATE OF INJURY (Month, Day, Year)		Nursing Nom	RK7	8 Other (Speally) 28d. DESCRIBE HOW	INJURY OCCUI	RED	
ED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Nomicide detarmined	28e. PLACE OF INJURY — AI h building, etc. (Specify)	ome, farm, atree	t, factory, office	- 1	28f. LOCATION (Street City or Town, State		Rural Route Number	У.
COMPLET	one)	N: To the best of my knowledge, d on the basis of examination and/or							er as stated.
H	296. SIGNATURE AND TITLE OF CERTIFIER	Com			29c. LICENSE NUM	DER 10	29d. DATE S	SIONED (Month, Day	( Year)
2	30. NAME AND ADDRESS OF PERSON WHO CO	OMPLETED CAUSE OF DEATH (IT	EM 27) (Type, Prin	nt)		-		11	f-miles
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATURE							
	JAN 25 1990	the Triidman Ros	delle.						

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TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burtal, cremation, or removal.	IMPORTANT: It liem 28 is marked, or from 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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FOR STATE REGISTRAR	SINIE OF WIN	RYLAND / DEI	FIFICATI	E OF	DEAT	H	VIENTAL	REG. NO.			
1. DECEOENT'S NAME (First, Middle, Lest)							2, DATE (	OF OEATH	v	VEAR	3. TIME OF DEATH
EDITH P		WOODS				. (	1	22	90	1	040 AM
4. SOCIAL SECURITY NUMBER	5. SEX 6	. AGE (In yrs. last birth		R 1 YEAR	IF UNDER		7. DATE C			a. BIRTNI	LACE (State or Foreign
	1 🗆 M 2 🗶 F	69 YI	RS. MONTHS	DAYS	HOURS	MIN.	Sep	Day, Wear)			nnecticut
9e. FACILITY NAME (If not Institution, give stre				Y, TOWN OF		N OF DE	EATH			COU	
NORTH ARUNDEL HOSP	LIAL			N BUR					A.A.		
Maryland Ann	e Arundel		. CITY, TOWN	OR LOCATIO		asad	iena				10d. INSIGE CITY LIMITS? 1 YES 2 X NO
10e. STREET AND NUMBER				101.	ZIP COOE				10g. CIT	IZEN OF W	HAT COUNTRY?
845 Poplar Ridge						1122					States
11. MARITAL STATUS 1 Never Merried 2 Married 3 X Widowed 4 Divorced	12. WAS DECEDENT I FORCES? 1 _ IF YES, OIVE WAS	YES 2 NO	13.		cify Cuber	n, Mexico	n, Puerto R	? (Specify Yes loan, atc.)	or No	14, RACE Black Specif	- American Indian, White, etc.
15. DECEDENT'S EDUCA (Specify only highest grade of Elementary/Secondary (0-12)		(Give kir life. Do h	nt's usual cond of work done IOT use retired.)	during mos	N t of working	g	166.	KIND OF BU		mest	ic
17. FATHER'S NAME (First, Middle, Last)  Pasquale		Pa1	0		18. MOTH		ME (First, M	liddis, Malden	Surneme)	Lum	biasi
19a. INFORMANT'S NAME (Type/Print) Tina Alvis		1.040	L. 1 B								21639
20e. METHOD OF DISPOSITION  1 Burlat 2 X Cremation 3 Remon  4 Donation 8 Other (Specify)	val from State	20b. PLACE OF O other place) Metro								City or Ton	e, MD
21. SIONATURE OF FUNERAL SERVICE LICE	PA	mid	1		ly F	une	ral H	ome o			
cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events		PR AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT		m a	ot	3 0	Bre	eas7	241	ugs	Sy Ca
PART II. Other significant conditions	contributing to d	eath but not read	ting in the u	inderlying	cause ç	given in	Part I.	24s. WAS AN PERFOI	RMED?	246.	WERE AUTOPSY FIND AMALABLE PRIOR TO COMPLETION OF CAU OF OEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL:	ER/Outpatient 3 🗆 D	OTHE	A:			eck only on	-/			
27. MANNER OF DEATH  1 Naturel 5 Pending	28e. GATE OF th (Month, Day)	IJURY 28	b. TIME OF INJURY	20c. INJU	JRY AT			CRIBE HOW I	NJURY OC	CURED	
2 Accident Investigation 3 Suicide Could not be determined	28e. PLACE OF building, at	INJURY — Al home, t lc. (Specify)	lerm, atree1, fe	ctory, office				ATION (Street or Town, State)		or or Rural F	oute Number,
29e. CERTIFIER (Check only one) 1 CERTIFYINO PHYSIC 2 MEDICAL EXAMINER											) end menner ea state
		-			29c. LICE	ENSE NU		0	29d, DA	TE SIGNEO	(Month, Day, Year)
206. SIGNATURE AND TITLE OF CERTIFIER 20. HAME AND ADDRESS OF PERSON WHO	Tork	aly 1	4.2.		0	2/	93	Ö		1 /	122/90

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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retain. by the highlit or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 show be detached for use as the burial-transit permit. Pages 1, 2, be fled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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STATE OF MARYLAND / DEPAR	TMENT OF	<b>HEALTH AND</b>	<b>MENTAL</b>	HYGIEN
CERTIF	ICATE OF	F DEATH		REG. NO.

	1 - FOR STATE REGISTRAR	STATE OF MARYLAN		MENT OF H		MENTAL HYGIE REG. N	_	
ì	1, DECEDENT'S NAME (First, Middle, Last)  (ARL WA	glicarl J. W	aglie,	Sr.		2. DATE OF DEATH MONTH	01/21/9	2:45 Pm
1	4. SOCIAL SECURITY NUMBER 5.	SEX 6. AGE (In y	rs. lest birthday)	F UNDER 1 YEAR KONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) OCTODET2	1939 6	BIRTHPLACE (State or Foreign Country) Maryland
æ	9a. FACILITY NAME (If not institution, give street		1		R LOCATION OF DE	АТН	9c. COUNTY	OF DEATH
010	Harbor Hospital C RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	enter	Die am				Da.	
DIRECTOR		Arundel	10c. C111,	TOWN OR LOCAT	Baltimon	re		10d. INSIDE CITY LIMITS?  1 YES 2 X NO
RAL	10e. STREET AND NUMBER			101.	ZIP CODE 2122	=		of what country?
FUNERAL	4210 3rd. St. 11. MARITAL STATUS 12	2. WAS DECEDENT EVER IN U.	S. ARMED		ENDENT OF HISPAN	IIC ORIGIN? (Specify Y		RACE — American Indian.
B	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 TY YES : IF YES, GIVE WAR OR DATE 1957 - 1963	S	1 YES		n, Puerto Rican, etc.)		Black, White, atc. Specify: White
TED	15. DECEDENT'S EDUCAT (Specify only highest grade con	npleted)	(Give kind of wo life. Do NOT use	vk done during mo:		16b, KIND OF B	USINESS/INDUS	TRY
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5+)	We	lder			Contr	uction
	17. FATHER'S NAME (First, Middle, Last)  John		Wag1:	ie	18. MOTHER'S NA Mae	ME (First, Middle, Maide	on Surname)	Nelson
BE	19a. INFORMANT'S NAME (Type/Print)	······································				Route Number, City or To	wn, State, Zip Co	
2	Margaret A. Waglie		4210	3rd. St	, Baltin		21225	
	20a. METHOD OF DISPOSITION  XXBurial 2 Cremation 3 Remova 4 Donation 5 Other (Specify)	from State	LACE OF DISPOSE ther place) Cedar Hi			1000	ocation — chy	
	21. SIGNATURE OF FUNERAL SERVICE LICEN	SEE Cleans	)	McCu:			of Pasa	dena
	23. PART I. Ent∳r the diseases, or conshock, or heart failure. Lis IMMEDIATE CAUSE (Final disease or condition resulting in death)  a	HYPOXIEA  DUE TO (OR AS A CO	h line.					Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A CO						
CEH	d							
BY PHYSICIAN: MEDICAL	PART II. Other significant conditions of		not resulting in	the underlying	g cause given in		AN AUTOPSY ORMED? 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 N NO
CIAI	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	IOSPITAL:		26. PL	ACE OF DEATH (Ch	eck only one)		
14Si	1 TYES 2 PNO 1	□ Inpetient 2 □ ER/Outpeti		4 - Nursing Hom		6 Other (Specify) 28d. DESCRIBE HOV	Y INJURY OCCUP	NED
<u>Z</u>	1 Natural 5 Pending	(Month, Day, Year)	INJU	RY WO	RK? /ES 2 NO			
	3 Suicide 6 Could not be determined	28e. PLACE OF INJURY — building, etc. (Specify)	At home, farm, at	reet, factory, offic		26t. LOCATION (Stran City or Town, Sta		Rural Route Number,
COMPLETED	onel only	N: To the best of my knowled						euse(a) and menner sa stated.
BE CO	29b. SIGNATURE AND TITLE OF CERTIFIER	P			29c. LICENSE NUI	MBER		IGNED (Month, Day, Year)
10	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH	LICIN'S Phys	((CICM)			01	/21/90
		BOR HOSPITAL &			5. HANDVER	ST BALTI	MORE MO	2
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNAT	URE CARE					

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page has flux within 70 hours after death with the State Deat, of Heath and Mental Hydiene prior to burial, cremation, or removal.	IMPORTANT. If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be
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JAN 2 5 1990

4 DECEMBER MALES OF A SHARE		CERTIFIC	ATE OF DEAT		REG. NO.	Participant and the second	
1. DECEDENT'S NAME (First, Middle, Last) WILLIAM		LIAMS			NTE OF DEATH	YEAR 90 5° 3 4 1°	
A SOCIAL FUTI USUST 40	5. SEX 6. AGE		UNDER 1 YEAR IF UNDER 2 NTHS DAYS HOURS	sees (M	TE OF BIRTH onth, Day, Year) 6 - 20 . 1894	B. BIRTHPLACE (State or Foreign Country) Maryland	
Ba. FACILITY NAME (if not institution, give a			CITY, TOWN OR LOCATION		9c. C0	DUNTY OF DEATH	
RESIDENCE OF DECEDENT	200TH Hospi	TAL CEPTEN	PALTO.	MD -			
10a. STATE 10b. COUNT Maryland	Y	1	etimore			10d. INSIDE CITY LIMITS? 1 [X] YES 2 \( \square\) NO	
10e. STREET AND NUMBER		_	10f. ZIP CODE		10g. C	ITIZEN OF WHAT COUNTRY?	
2850 N. Charles				1218		USA	
11. MARITAL STATUS 1 Never Married 2 X Married 3 Nidowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES	2 NO	13. WAS DECENDENT OF If yes, specify Cuban, 1 YES 2 NO	HISPANIC ORI Maxican, Pua Specify:	GIN? (Specify Yes or No— to Ricen, etc.)	14. RACE — American Indian, Black, White, atc. Specify: White	
15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	JCATION e completed) College (1-4 or 5+)	16a. DECEDENT'S USI (Give kind of work life. Do NOT use re	done during most of working		16b. KIND OF BUSINESS/	NDUSTRY	
4	Consign (I-4 of 5 +)	Conducto	or		B&O Railr	oad	
17. FATHER'S NAME (First, Middle, Last)			18. MOTHE	ER'S NAME (FI	st, Middle, Maiden Surname		
James Nathaniel	Williams				osephine Lo		
19a, INFORMANT'S NAME (Type/Print)			DRESS (Street and Number of				
Trma W. Williams 2850 N. Charles St. Baltimore MD 21218  20e. METHOD OF DISPOSITION (Name of cemelary, crematory or 20e. LOCATION — City or Town, State							
1   Burlet 2   Gremetion 3   Removal from State 4   Donation 5   Open (Specify) Entombment   Parkwood Cemetery   Baltimore. MD							
21. SIGNATURE OF FUNERAL SERVICE LI		1 4 2 14 10 0 0	22. NAME AND ADDRESS				
> 6 Hen.	o (total	1				L HOME, INC.	
ahock, or heert fellure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)		γ	state. (0	lledast.	alic.	Interval Betwee	
If any, leading to immediata	b DUE TO (OR AS	A CONSEQUENCE OF):					
If any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury	c						
if any, leading to immediata cause. Enter UNDERLYING	c	A CONSEQUENCE OF):  A CONSEQUENCE OF):					
if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	C. DUE TO (OR AS	A CONSEQUENCE OF):					
If any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events	C. DUE TO (OR AS	A CONSEQUENCE OF):	the underlying ceuse gl	Iven in Part i	PERFORMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE	
if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	C. DUE TO (OR AS	A CONSEQUENCE OF):	the underlying ceuse gi	iven in Part i		MAILABLE PRIOR TO	
if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	C. DUE TO (OR AS	A CONSEQUENCE OF):	the underlying cause gl	iven in Part i	PERFORMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMMER?	C. DUE TO (OR AS	A CONSEQUENCE OF): but not resulting in t	26. PLACE OF DE		PERFORMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO	c. DUE TO (OR AS d	A CONSEQUENCE OF): but not resulting in t	26. PLACE OF DE THER:	ATH (Check on	PERFORMED?  1 YES 2 NO  y one)  Wher (Specify)	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO	
if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMMER?	DUE TO (OR AS d	A CONSEQUENCE OF):  but not resulting in t  tpetient 3 DOA 4	26. PLACE OF DE  THER: Nursing Home 5   Ras  Y WORK? M 1 YES 2	ATH (Check on 28d, NO	PERFORMED?  1 YES 2 NO  y one)  Wher (Specify)  DESCRIBE HOW INJURY (	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2  NO  DOCCURED	
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 6 Pending	d	A CONSEQUENCE OF):  but not resulting in t  tpetient 3 □ DOA 0  1 28b. TIME 0  INJUR  IY — At home, farm, stre	26. PLACE OF DE  THER: Nursing Home 5   Ras  Y WORK? M 1 YES 2	ATH (Check on Sidence 6 28d. NO 28f.	PERFORMED?  1 YES 2 NO  y one)  Wher (Specify)  DESCRIBE HOW INJURY (	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO	
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Patural 6 Pending Investigation  2 Accident  3 Suicide 6 Could not be determined  29a. CERTIFIER (Check only)	DUE TO (OR AS  d	A CONSEQUENCE OF):  but not resulting in t  tpetient 3 DOA 4  28b. Time 0 injur  IY — At home, farm, streediy)	26. PLACE OF DE  THER: Nursing Home 5 Ras  OF 28c. INJURY AT WORK? M 1 YES 2  et, factory, office  at the time, date and place,	ATH (Check on)  skidence 6 0  28d.  NO  28f.	PERFORMED?  1 YES 2 NO  Wher (Specify)  DESCRIBE HOW INJURY (  COCATION (Street and Num City or Town, Stete)	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  DOCCURED  Der or Rural Route Number,	
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Patural 6 Pending Investigation  2 Accident  3 Suicide 6 Could not be determined  29a. CERTIFIER (Check only)	DUE TO (OR AS  d	A CONSEQUENCE OF):  but not resulting in t  tpetient 3 DOA 4  28b. Time 0 injur  IY — At home, farm, streediy)	26. PLACE OF DE THER:	ATH (Check on)  skidence 6 0  28d.  NO  28f.	PERFORMED?  1 YES 2 NO  Wher (Specify)  DESCRIBE HOW INJURY (  LOCATION (Street and Num  City or Town, State)  cause(a) and manner as deta and place, and due to	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO  DCCURED  DCCURED	

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

STATE OF	MARYLAND /	<b>DEPARTMENT</b>	0F	HEALTH	AND	MENTAL	HYGIENE
	CE	ERTIFICATE	O	F DEAT	H		REG. NO.

	REGISTRAR	CERTIFICA	ATE OF DEATH	REG. N	0.					
	1. DECEDENT'S NAME (First, Middle, Last)			2. DATE OF DEATH MONTH	DAY YEA	3. TIME OF DEATH				
	Ollie Williams			1	20 90					
			UNDER 1 YEAR IF UNDER 24 HRS. ITHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		RTHPLACE (State or Foreign untry)				
- 1				5/16/29		NORTH CAROLINA				
~	9s. FACILITY NAME (If not institution, give street and number)		CITY, TOWN OR LOCATION OF I	DEATH	9c. COUNTY C	F DEATH				
DIRECTOR	Francis Scott Key Medical	Cor.	Baltimare							
5	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY	the CITY TO	OWN OR LOCATION			10d, INSIDE CITY				
區	Md. Baltimare		altimare			/LIMITS?				
	10s. STREET AND NUMBER	100	101, ZIP CODE		Lan OFFITTING	1 YES 2 NO				
FUNERAL	4611 Clareway		21213			A COONTRY?				
ВУ	11. MARITAL STATUS  12. WAS DECEDENT EVER IN FORCES? 1 X YES		13. WAS DECENDENT OF HISPA if yes, specify Cuban, Maxic		fee or No- 14. R	ACE — American Indian, liack, White, atc.				
	1 Never Married 2 Married 3 Widowed 4 Divorced IF YES, GIVE WAR OR DA		1 TES 2 NO Spec		s	pecify: BLACK				
	15. DECEDENT'S EDUCATION	16a. DECEDENT'S USU	IAL OCCUPATION	18b. KIND OF E	USINESS/INDUSTR	Y				
	(Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5+)	(Give kind of work life. Do NOT use ret	done during most of working ired.)							
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		16 MOTHER'S N	AME (First, Middle, Maid	an Sumamal					
	WADELY WILLIAMS		1		eri Surname)					
8	19a. INFORMANT'S NAME (Type/Print)	Top Man INC ADI	PRESS (Street and Number or Rura	EDWARD	turn Charles Tim Conde					
2				200000000000000000000000000000000000000		,				
	DELORES JACKSON (friend)  206. METHOD OF DISPOSITION		lareway, Balt							
	1 Deurlal 2 Cremation 3 Removal from Stata 4 Donation 8 Other (Specify)	other place)	N (Name of cometery, crematory or	20c.	LOCATION — City of	r Town, Stata				
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	1-24.90	22. NAME AND ADDRESS OF F	ACILITY						
	marel Il kell		STATE ANATO	MY BOARD,	BALTO.,	MD. 21201				
	23. PART I. Enter the diseases, or complications that caused		anter the mode of dying, su	ch se cardiac or re-	piratory arrest,	Approximate				
	ahock, or heart failure. List only one cause on ea	en iine.				interval Between Onset and Daath				
		trus Ara	nost							
	disease or condition resulting in death)  a. OS DIV CO	CONSEQUENCE OF):	COT							
2										
CERTIFICATION	Sequentially list conditions, If any, leading to immediate  b. Esophogeal cavarama with melastass,  Due to (or as a consequence of):									
3	cause. Enter UNDERLYING									
臣	CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):									
ᇤᅵ	resulting in death) LAST									
	PART ii. Other aignificant conditions contributing to death be	ut set secultis s le ti	ha wadadulaa aawa alwa l	- Book / Loss MAG	AN AUTOPSY	24b. WERE AUTOPSY FINDINGS				
EDICAL	PART II. Other asymmetric conditions contributing to death be	at not resulting in t	na underlying cause given i		ORMED?	AMAILABLE PRIOR TO				
ă				1 _ YES	2 MO	OF DEATH?				
M						1 TYES 2 1 NO				
ä										
5	26. WAS CASE REFERRED TO MEDICAL EXAMINER? 28. PLACE OF DEATH (Check only one)									
YS.	1 VES 2 NO 1 Inpettent 2 ER/Outp		☐ Nursing Home 5 ☐ Residence	8 Other (Specify)						
PHYSICIAN:	27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF		28d. DESCRIBE HO	W INJURY OCCURE	0				
ВУ	1 Metural 5 Pending 2 Accident Investigation		M 1 YES 2 NO							
	3 Suicide 8 Could not be 28e. PLACE OF INJURY	— At home, farm, stree	t, factory, office	261. LOCATION (Stre City or Town, Str	et and Number or Ru	iral Route Number,				
COMPLETED	4 Homicide detarmined	.,,			,					
7	29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowl	edge, death occurred a	t the time, data and place, and d	in to the causa(a) and i	nanner as stated.	the state of				
×	(Check only one)  2 MEDICAL EXAMINER: On the basis of axamination					se(s) and manner as stated.				
8	29h. SIGNATURE AND TITLE OF CERTIFIER	- 2.20	A service of the serv							
BE	Charas Amae Mo		29c. LICENSE N	UMBEN	29d. DATE SIG	NED (Month, Day, Year)				
5	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CASE OF DE	TU ATPM OF CO.								
	TO K MC ROLL	SIR (IIEM 27) (Type, Prii 1.10001000	π)							
	II. LODAL LOVID DAL	MICHE								
	21 DATE Ell ED (Month One Ver)	ATURE								
	JAN 2 5 1998 Alia Burden	TURE								

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law requires that the death cert	as been signed by the attending eat, of Health and Mental Hygie	23 shows any injury, or oth
The law requires that the death cert	are has been signed by the attending are Deor, of Health and Mental Hygie	em 23 shows any injury, or oth
JAN: The law requires that the death cert	rtificate has been signed by the attending	or item 23 shows any injury, or oth
INSICIAN: The law requires that the death cert	is certificate has been signed by the attending ith the State Dect. of Health and Mental Hydie	ed, or item 23 shows any injury, or oth
G PHYSICIAN: The law requires that the death cert	er this certificate has been signed by the attending the with the State Deot, of Health and Mental Hydie	narked, or item 23 shows any injury, or oth
VOING PHYSICIAN: The law requires that the death cert	: After this certificate has been signed by the attending death with the State Deot. of Health and Mental Hydie	is marked, or item 23 shows any injury, or oth
ITENDING PHYSICIAN: The law requires that the death cert	CTOR: After this certificate has been signed by the attending after death with the State Deot. of Health and Mental Hydie	28 is marked, or item 23 shows any injury, or oth
OR ATTENDING PHYSICIAN: The law requires that the death cert	DIRECTOR: After this certificate has been signed by the attending name after death with the State Deot. of Health and Mental Hydie	lem 28 is marked, or item 23 shows any injury, or oth
TAL DR ATTENDING PHYSICIAN: The law requires that the death cert	IAL DIRECTOR: After this certificate has been signed by the attending 72 hours after death with the State Deot. of Health and Mental Hydie	If item 28 is marked, or item 23 shows any injury, or oth
SPITAL DR ATTENDING PHYSICIAN: The law requires that the death cert	INERAL DIRECTOR: After this certificate has been signed by the attending than 72 hours after death with the State Deot. of Health and Mental Hydie	.NT; if item 28 is marked, or item 23 shows any injury, or oth
IE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death cert	IE FUNERAL DIRECTOR: After this certificate has been signed by the attending a within 7 hours after death with the State Deot. of Health and Mental Hydie	HRTANT; If Item 28 is marked, or item 23 shows any injury, or other
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-must after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach be find writing 72 hours; after death with the State Deut, of Health and Mental Hydiene prior to burial, cremation, or removal.	IMPORTANT; If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE OF MARYL			HEALTH AND I	MENTAL HYGIEN	_	
	1. DECEDENT'S NAME (First, Middle, La					2. DATE OF DEATH		3. TIME OF DEATH
	BERTHA D	WHITE Berth	a Doris I	White			4 90	1: 55 A M
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS.  MONTHS DAYS HOURS MIN.			7. DATE OF BIRTH (Month, Day, Yegr)		BIRTHPLACE (State or Foreign Country)	
	216-03-2020 9a. FACILITY NAME (If not institution, gh	1 M 2 F 7	6 YRS.	AL CITY TOWN	OR LOCATION OF DE	05 06	9c. COUNTY	Md.
œ	Church Hospital				timore	AIH	9c. COUNTY	Citu
5	RESIDENCE OF DECEDENT						1	Colg
DIRECTOR	MD. 10b. COU	ultimore		TY, TOWN OR LOC XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		and		10d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER	20011070E	1200		10f. ZIP CODE		10g. CITIZER	1 YES 2 X NO
FUNERAL	7227 STRATT	YAW NO			2122	4	U.	S.A.
Š	11. MARITAL STATUS	12. WAS DECEDENT EVER IN FORCES? 1 YES			ECENDENT OF HISPAN specify Cuban, Maxica	IIC ORIGIN? (Specify Yea	or No.— 14.	. RACE — American Indien, Black, White, etc.
À	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR D		1 🗆 Y	ES 2 NO Specify	/:		Spocity: White
F	15. DECEDENT'S E	DUCATION	18a. DECEDENT'S	USUAL OCCUPA	TION	16b. KIND OF BU	SINESS/INDUS	
Æ	(Specify only highest gr Elementery/Secondary (0-12)	Coflega (1-4 or 5+)		work done during se retired.)	most of working	2.11		
COMPL	4		Hous	ework		At Hom		
	17. FATHER'S NAME (First, Middle, Last) Peter Barry				18. MOTHER'S NA	ME (First, Middle, Malden	Surname)	
BE	19a. INFORMANT'S NAME (Type/Print)	F	19b. MAILING	ADDRESS (Street	at and Number or Burel 6	Bourds Number City or Tou	n. State. Zio Co	de)
2	Clarence P. Whi	te	7227	Stratto	n Way Bal	to., Md. 21	224	
	20s. METHOD OF DISPOSITION 1	temoval from State	b. PLACE OF DISPO	SITION (Name of	cemetery, cremetory or	20c. LO	CATION — City	or Town, State
	4 Donation 5 Other (Specify)		5£, S		AND ADDRESS OF FA			re City, Md.
	21. SIGNATURE OF FUNERAL SERVICE	In July		Change	AND ADDRESS OF FA	land Con	7-0	6224 Eastern Ave.
	March	W. Just						
		or complications that cause re. List only one couse on a	d the death. Up	not antar tha i	noda of dying, auci	h aa cardiac or reap	ratory arrest	Interval Between
	IMMEDIATE CAUSE (Finel disease or condition	1/201	mon	ie	DATERIMO	NT a		Onset and Death
	resulting in death)	1.	CONSEQUENCE O	MEX-	PNEUMO	And the second second		
Z	Sequentielly list conditions,	- Slul	u Ch	wil	disten	China (	my &	rseen
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS	A CONSEQUENCE O	Pi	ind	RENA FA	L	
FIC	CAUSE (Disease or Injury thet initiated events	bue to (OR AS	A CONSEQUENCE O		CH	KINA FE	L	
ERT	resulting in deeth) LAST	4.	U					
	PART II. Other aignificent condit	tions contributing to deeth i	out not reaulting	in the underly	ing ceuse given in	Pert I. 24a. WAS AN		24b. WERE AUTOPSY FINDINGS
ICAL						PERFO		AMAILABLE PRIOR TO COMPLETION OF CAUSE
MED							94	DF DEATH?  1 YES 2 NO
ž								
PHYSICIAN: MEDI	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	PLACE OF DEATH (Ch	eck only one)		
ΤΥS	1 YES 2 NO	1 Inpatient 2 ER/Out	patient 3 DOA		ome 5 Residence	6 ☐ Other (Specify)  26d. DEŞCRIBE HOW'	INJURY OCCUE	RED
	1 Selectural 5 Pending	(Month, Day, Year)		JURY	WORK?			
ED BY	3 Suicide 6 Could not	28a, PLACE OF INJURY	Y — At home, ferm,	street, factory, o	fice	26f. LOCATION (Street City or Town, State		Rural Route Number,
ETE	4 Homicide determined							
COMPLET	cool	HYSICIAN: To the best of my know						
CO	2 MEDICAL EXAM	MINER: On the basis of examination	on and/or investigati	on, in my opinior	, death occured at the	time, data and place, ar	id due to the c	sause(a) and manner as stated.
TO BE	296. RIGHATURE AND TITLE OF CERTIFICATION	genera	Thens	rest	D 30	MBER // W	29d. DATE 8	MONED (Month, Day, Year)
É	30. NAME AND ADDRESS OF PERSON	IRENDAA	SAH	e, Print)	Cthel	ices for	SPITE	h
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	NATURE					
	JAN 2 5/199	1 this Devidson	-Randalla					

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DIVISION OF VITAL RECORDS, P.O. BOA 13149,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, the find within 72 hours after death with the State Debt, of Health and Memal Hypiene prior to burial, cremation, or removal.	IMPORTANT; If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be
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	FOR STATE REGISTRAR	STATE OF MARYLAI	ND / DEPARTI	MENT OF I	EALTH AND I	MENTAL HYGI		
,	1. DECEDENT'S NAME (First, Middle, Last)	LOIS V. Z				2. DATE OF DEATH	DAY Y	3. TIME OF DEATH
~	4. SOCIAL SECURITY HUMBER  218-42-7313  9a. FACILITY NAME (If not institution, give s	8. SEX 1 M F 8. AGE (In	yrs. lest birthday) I	F UNDER 1 YEAR DAYS DAYS b. CITY, TOWN	IF UNDER 24 HRS. HOURS MIN. OR LOCATION OF DE	7. DATE OF BIRTH (Month, Day, Yes 9-21-194) ATH	. 0.	BIRTHPLACE (State or Foreign Country) MARYLAND
DIRECTOR	FRANCIS SCOTT KE				LTIMORE (	CITY	1	
	MARYLAND BY	ALTIMORE	10c. CITY, 1	TOWN OR LOCA	DUNDALK 1. ZIP CODE		10a. CITIZE	10d. IHSIDE CITY LIMITS?  1 YES 2 HO  N OF WHAT COUNTRY?
FUNERAL	7400 SCHOOL LANE  11. MARITAL STATUS  1 Hever Married 2XX Married	12. WAS DECEDENT EVER IN U FORCES? 1 YES IF YES, OIVE WAR OR DAT	J.S. ARMED 212NO ES	If yes, s	2122 CEHDENT OF HISPAN sectly Cuban, Maxican 3 2 JAP Specify	IIC ORIGIN? (Specify n, Puerto Ricen, etc.	Yea or No- 14	U.S.A.  I. RACE — American Indian, Black, White, etc.  Specify:
ED BY	3 Widowed 4 Divorced  15. DECEDENT'S EDU	CATIOH 1	I6a. DECEDENT'S US	BUAL OCCUPAT	ON ON		BUSIHESS/IHDUS	WHITE
COMPLET	(Specify only highest grade Elementary/Secondary (0-12) 12TH GRADE	College (1-4 or 5+)	(Give kind of wor life. Do NOT use i	k done during metired.)		RETA	ATL SALE	S
	17. FATHER'S HAME (First, Middle, Lest) GEORGE KOERMER					ME (First, Middle, Me FLYN JOH		
10-BE	19a. IHFORMANT'S HAME (Type/Print) ROBERT J. ZAMPIN	I		CHOOL	and Number or Rural I	Route Number, City or BALTIMORE		
	20a. METHOD OF DISPOSITIOH 1 Guriel 2 Concention 3 Rem 4 Donation 5 Other (Specify)	noval from State GRE	PLACE OF DISPOSITE DISPOSITE MOUNT	ON (Name of ca	metery, cremetory or ERY 1-23		LOCATION — CH	y or Yown, State E, MARYLAND
	21. SIGNATURE OF ELIMERAL SERVICE LI	CENSEE						DALK, INC. RYLAND 21222
	23 PART I. Enter the diseases, or ahock, or heart failure.  IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)	a	or the H		ode of dying, auc	h as cerdlec or r	espiratory arres	t, Approximata interval Between Onset and Deati
CERTIFICATION	Sequentially list conditiona, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	CONSEQUENCE OF):					
MEDICAL CE	PART II. Other significant condition	na contributing to death but	t not resulting in	the underlyi	g cause given in	PER	B AN AUTOPSY RFORMED?	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 VES 2 HO
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			LACE OF DEATH (Ch	eck only one)		
PHYSI	1 YES 2 HO 27. MAHHER OF DEATH	1   Inpetient 2   ER/Outpet		OF 28c. IN	ne 6 Residence JURY AT ORK?	6 Other (Specify) 26d, DESCRIBE He		RED
ED BY	1 Naturel 5 Pending 2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY – building, atc. (Specifi	At home, ferm, str		YES 2 NO	251. LOCATION (St City or Town, S	reet and Number or State)	Rural Route Number,
COMPLET	Torrect oray	SICIAH: To the best of my knowle ER: On the bests of examination						
BE	296. SIGHATURE AND TITLE OF CERTIFIE			OC PROF	29c, LICEHSE NUI	11 12 12 12 12 12	29d. DATE S	SIONED (Month, Day, Year)  A RQ 190
5	30. NAME AND ADDRESS OF PERSON WI	HO COMPLETED CAUSE OF DEAT		rint)				/

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DIVISION OF VITAL RECORDS, P.O. BOA 13146,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be re-	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 st be flied within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be not
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ed for use as the burial-transit permit. Pages 1, 2, 3 should

pital or attending physician.

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FOR 1 - STATE REGISTRAR	STATE OF MARY		MENT OF HEALTH AND CATE OF DEATH	MENTAL HYGIENE REG. NO.				
1. DECEDENT'S NAME (First, Middle, $C$	ORNELIA	- 48	BARRON	2. DATE OF DEATH DAY 1 24	YEAR 9 0 M			
4. SOCIAL SECURITY NUMBER 218-42-3448 9a. FACILITY NAME (# not institution,	1 - 22 27 5F	56 YRS.	F UNDER 1 YEAR F UNDER 24 HRS. MONTHS DAYS HOURS MIN. 9b. CITY, TOWN OR LOCATION OF E		BIRTHPLACE (State or Foreign Country)     MD  COUNTY OF DEATH			
FRANKLIN SQUARESIDENCE OF DECEDEN  10a. STATE  MD  BA	T	ENTER	BALTIMORE C	ITY	16d. INSIDE CITY			
	BALTO. CO. ESSEX				10d. INSIDE CITY LIMITS? 1 ( YES 2 ( NO			
10e. STREET AND NUMBER 900 HYDE PARK  11. MARITAL STATUS 1 Never Married 2 Merried	DRIVE		101. ZIP CODE 212		CITIZEN OF WHAT COUNTRY?			
11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Xptvorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OF	S 2 1/40	13. WAS DECENDENT OF HISP/ If yea, specify Cuben, Mexic 1 YES 2 NO Spec		9- 14. RACE — American Indian, Black, White, etc. Specify: BLACK			
15. DECEDENT'S (Specify only highest Elementary/Secondary (0-12)  17. FATHER'S NAME (First, Middle, La.	B EDUCATION grade completed)  College (1-4 or 5+)	(Give kind of wellife. Do NOT use	JSUAL OCCUPATION ork done during most of working retired.) SEWIFE	166. KIND OF BUSINESS				
17. FATHER'S NAME (First, Middle, La: LAWRENCE  199. INFORMANT'S NAME (Type/Print)	JOHNSON	Les Hallins	18. MOTHER'S N BESSI ADDRESS (Street and Number or Rura		NSON			
THELMA JOHNSOI	V	900 H	YDE PARK ROAD/B	ALTIMORE, MD				
20a, METHOD OF DISPOSITION 1 \( \tilde{\Delta} \) Burlal 2 \( \tilde{\Delta} \) Cremation 3 \( \tilde{\Delta} \) 4 \( \tilde{\Delta} \) Donation 5 \( \tilde{\Delta} \) Other (Specify,	Removal from State	cother place) CEDAR HILL	TION (Name of cemetery, crematory or CEMETERY		N — City or Town, Stata ARUNDEL CO., MD			
21. SIGNATURE OF FUNERAL SERVI	CE LICENSEE	>	22. NAME AND ADDRESS OF F	ACILITY	1 E. NORTH AVE.			
	a. SULT TO (OR A		e hey	ch aa cardiac or reapirator	y arrest, Approximate Interval Between Onset and Daath			
CAUSE (Disease or injury that initieted events resulting in death) LAST	desse or injury  DUE TO (OR AS A CONSEQUENCE OF):							
PART II. Other significant con	ditiona contributing to deat	h but not resulting li	n the underlying cause given i	1 Part I. 24e. WAS AN AUTO PERFORMED 1 YES 2 N	AVAILABLE PRIOR TO COMPLETION OF CAUSE			
EXAMINER?	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  HOSPITAL: OTHER:							
1 VES 2 NO  27. MANNER OF DEATH  1 Netural 5 Ponding		TY 26b. TIME	4 Numing Home 5 Residence E OF 28c, INJURY AT WORK?  M 1 YES 2 NO	28d. DESCRIBE HOW INJUR	Y OCCURED			
3 Suicide 6 Could n	2 Accident Investigation 3 Suicide 6 Could not be 28. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)  28. LOCATION (Street and Number or Rural Route Number, City or Town. State)							
(Crieck Only	(Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and menner as attated.							
29b. SIGNATURE AND TITLE OF CEI	RTIFIER  ON WHO COMPLETED CAUSE OF	DEATH (ITEM 27) (Franchis	29c. LICENSE N	UMBER 29d ▶	DATE SIGNED (Month, Day, Year)			
JOWN E  31. DATE FILED (Month, Day, Year)	An 100 mm 10.	IGNATURE	105 Fraulali	usq.D. B	altuive 212			
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, pages and within 72 havins after death with the State Dans of Health and Mental Hoviere prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be
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31. DATE FILED (Month, Day, Year)

	FOR STATE REGISTRAR	STATE OF MARY		RTMENT OF			IENTAL HYGIENI REG. NO.	E	50 01004		
	1. DECEDENT'S NAME (First, Middle, Lest)  ANNA BE	NVENGA	ANNA B	ENVEN	GA.		2. DATE OF DEATH DATE OF DATE OF DEATH DATE OF DATE OF DATE OF DEATH DATE OF D		YEAR 2:30 PM		
	4-59CH SECURITY NUMBER 7 2/3 07 0947	1 □ M 2 X F	□ M 2 X F 76 YRS. MONTHS DAYS HOUTE MIN. 12-21-1						8. BIRTHPLACE (State or Foreign Country) Maryland		
TOR	9a. FACILITY NAME (If not institution, give so  CHURCH HOSPITA RESIDENCE OF DECEMENT	ION		TIMOI			9c, CDU	NTY OF DEATH			
DIRECTOR	MD .	r	250	LTIMO		CITY			10d. INSIDE CITY LIMITS? 1 1 YES 2 \( \bigcap \) ND		
FUNERAL	3703 GOUGH STR	EET			21224	-			S.A.		
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR I	2 <b>NO</b>	If yes		an, Mexican,	C ORIGIN? (Specify Yea , Puarto Rican, etc.)		14. RACE — American Indian, Black, White, atc. Spects: White		
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 8th	CATION completed) College (1-4 or 5+)	16a. DECEDENT'S (Give kind of illa. Do NOT u	work done during se retired.)	most of world	ing	16b. KIND OF BUS				
BE COM	17. FATHER'S NAME (First, Middle, Last)  18. MOTHER'S NAME (First, Middle, Meiden Surneme)  John G. Schmink  Margaret M. Wolferman										
5	19a. INFORMANT'S NAME (Type/Print)  Joseph S. Ber	nvenga	3703	Gougl	oct and Number	eet	Balto. M	ary.	land 21224		
	26 METHOD OF DISPOSITION 1 Buriel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	ovel from State S	acred H	eart (	of Je	metory or	Cem.Balt	cation —	City or Town, State re, Maryland		
	21. SIGNATURE OF FUNERAL SERVICE LIC	Zaune	10 a	Jos 263		. Za onkl	annino Ji Ling Stre		uneral Home Balto. Md2122		
	23. Part I. Enter the disease, or shock, or heart fisher.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	INTESTIN	ED CAR	CINOMA	TOSIS	ABI	DOMEN WI		rest, Approximate Interval Between Onset and Death		
SATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	b. DUE TO (OR AS	A CONSEQUENCE O	OF):							
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE O	)F):							
PHYSICIAN: MEDICAL C	PART II. Other significant condition UPPER GASTR	ns contributing to death	ATA BLEE	DING	lug cause	given in F	Part I. 24a. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DE CAUSE OF DEATH?  1 YES 2 PNO		
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	tostlert 3 🗆 DOA	OTHER:	S. PLACE OF I		ck only one)  6  Other (Specify)				
	27. MANNER OF DEATH  1 Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b, TR	ME OF 28c	INJURY AT WORK?		28d. DESCRIBE HDW I	NJURY OC	CURED		
TED BY	2 Accident 3 Suicide 6 Could not be 4 Homicide determined	building, etc. (Specify)									
COMPLET	onel	ICIAN: To the best of my kno ER: On the basis of examinat									
BE C	296. SIGNATURE AND TITLE OF CENTIFIER 29d. DATE SIGNED (Month, Day, Year)										

DR. YESHVANT SHETTY

100 N. Broadway, BALTITICRE HD 2/231.

DHMH-16 Rev 1/89

21231

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BALTIMORE, MD.

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PITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-frours after	ERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the	in 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunial, cremation, or remova
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	FOR 1 • STATE REGISTRAR	STATE OF MARYL	AND / DEPAR	TMENT OF H	EALTH AND N	MENTAL HYGIEN		90 01000
	1. OECEOENT'S NAME (First, Middle, Lest)  JONATHAN	BISSET	OLITI	ICATE OF	DEATH	2. DATE OF DEATH MONTH D		year 11:25 Pm
	4. SOCIAL SECURITY NUMBER 216-56-6936	1 € 10 2 □ F	In yrs. lest birthdey) 40 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTN (Month, Day, Veer) 4/27/49  8. BIRTNPLACE (State or Foreign Country) Maryland		
TOR	99. FACILITY NAME (If not institution, give a THE JOHNS HOPKI) RESIDENCE OF DECEDENT			A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				IMORE
DIREC	10a. STATE 10b. COUNTY	timore	10c. CIT	Y, TOWN OR LOCAT	stock			10d. INSIDE CITY LIMITS? 1 YES 2X NO
ienāľ	10623 St. Paul	l Avenue		101	21163	3		EN OF WHAT COUNTRY?
BY FUNERAL DIRECTOR	11. MARITAL STATUS  1 Never Merried 2XXMerried  3 Divorced	12. WAS DECEDENT EVER IF FORCES? 1 YES IF YES, GIVE WAR OR D	2 ZNO	If yes, sp	ecify Cuben, Mexicer 2 ANO Specify		or No- 1	I4. RACE — American Indien, Black, White, etc. Specify: White
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		(Give kind of life. Do NOT u	work done during mose retired.)	et of working	16b. KIND OF BU		io Station
BE COM	17. FATHER'S NAME (First, Middle, Lest) Peter Bisset				18. MOTNER'S NAI	ME (First, Middle, Maiden	Sumeme) Brev	wer
TO B	190. INFORMANT'S NAME (Type/Print)  Mrs. Barbara Biss	set				noute Number, City or Tow		
	1 12 Buriel 2 Cremetion 3 Removel from State Other			sition (Name of cere			cation — ci kesvi]	ity or Town, State
	21. SIGNATURE OF FUNERAL SERVICE LIC		Kińo	22. NAME AF Lori1	no ADDRESS OF FAC	Funeral D	irecto	
		complications that caused List only one cause on e	d the death. Do ech lins.	not enter the mo	de of dying, such	ea cerdiec Dr reep	Iratory erre	Approximate Interval Between Onset and Death
	IMMEDIATE CAUSE (Finel disease or condition resulting in death)	S. DUE TO (OR AS A	LDIO PUL	MONAR	Y ARR	CEST		15 min
NOIT	Sequentielly list conditions, if any, leading to immediate	D-ST		EUKEM	IA		Immath	
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	e. OUE TO (OR AS A	CONSEQUENCE O	F):				
4	PART II. Other significant condition	a contributing to deeth b	out not resulting	In the underlying	g cause given in	Part I. 24s. WAS AN PERFOI	RMEO?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE
N: MEDICA		_						OF DEATH?  1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 PRO	HOSPITAL:	petient 3 DOA	OTHER:	LACE OF DEATN (Chi			
	27. MANNER OF DEATH  1 Natural 5 Pending Investigation	28e. DATE OF INJURY (Month, Dey, Year)	28b. TIR	ME OF 28c. INJ	JURY AT DRK? YES 2 NO	28d. OEŞCRIBE NOW	INJURY OCCU	JRED
тер ву	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	26s. PLACE OF INJURY building, etc. (Spe-	/ — At home, farm, cify)	street, factory, offic	:0	281. LOCATION (Street City or Town, State	and Number o	or Rural Route Number,
COMPLETED	one) —	ICIAN: To the best of my know ER: On the basis of exemination						ed. ceuse(e) end manner ee stated.
TO BE C	296. SIONATURE AND TITLE OF CERTIFIE	· One ba	el , r	nD	29c. LICENSE NUN	625	29d. DATE	SIGNED (Month, Day, Year)
	30. NAME AND ADDRESS OF PERSON WI	IO COMPLETED CAUSE OF DE	EATH (ITEM 27) (Type	e, Print)	100			

FOR

TO BE COMPLETED BY FUNERAL DIRECTOR

be notified at once.

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIF	CATE OF	DEATH	1	REG. NO.		
1. DECEDENT'S NAME (First, Middle, Le	Marvin D		BRITTON		2. DATE OF MONTH Januar	cy 24, 1	990 <sup>KAR</sup>	3. TIME OF DEATH 6:06p
235 38 6669	1 🕮 M 2 🗆 F	GE (In yrs. lest birthday) 62 vns.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.		2, 1927	Coun W •	HPLACE (State or Foreign try).
Franklin Sq. I			POSSV	ille	EATH		UNTY OF I	e County
RESIDENCE OF DECEDENT	MTV	100 CIE	Y. TOWN OR LOCAT	MON				10d. INSIDE CITY
Maryland Ba	ltimore		Middle R	iver				1 YES 22 NO
50 Beech Dr. 1	ipt. Al		101	21220		10g. C	USA	WHAT COUNTRY?
II. MARITAL STATUS I Never Married 2 Married B Widowed 4 Divorced	12. WAS DECEDENT EVEN FORCES? 1 GY YES, GIVE WAR O		tt yes, sp	ENDENT OF HISPA ecity Cuben, Mexic 2 140 Speci	en, Puerto Rice	Specify Yes or No an, etc.)	14, RAC Blac Spec	E American Indian, ek, White, etc. elly: White
15. DECEDENT'S I (Specify only highest g Elementary/Secondary (0-12)		16a. DECEDENT'S (Give kind of v life. Do NOT us		ON set of working	16b. Ki	ND OF BUSINESS/II		
?, FATHER'S NAME (First, Middle, Last) Elmer W.	Britton				AME (First, Mick	die, Maiden Sumeme, RCKel		
9a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street a	and Number or Rural	Route Number,	City or Town, State,	Zip Code)	
Jacqueline G. I		50 1	Beech Dr	. Apt. A	u Ba	alto., Mo	1. 21	.220
to METHOD OF DISPOSITION  Burlel 2   Cremation 3   F	emoval from State	206. PLACE OF DISPOS	lub Ceme	netery, cremetory or bery		Lumber	City or T	W. Va.
1. SIGNATURE OF FUNERAL SERVICE	Manylef 3	reke	Bruzd		uneral	Home Pa		d. 21221
Sequentially list conditions, f any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	DUE TO (OR  DUE TO (DR	lar Tachyca AS A CONSEQUENCE OF AS A CONSEQUENCE DE	<b>י</b> ן:					
that initiated events resulting in death) LAST	d	AS A CONSEQUENCE OF	F):					
PART II. Other algorificant condi Peripheral va:	tions contributing to dea	th but not resulting	in the underlyin	g cause given in	Part i. 24	In. WAS AN AUTOPS PERFORMED?	Y 24	b. WERE AUTOPSY FINDING AVAILABLE PRIOR TO COMPLETION OF CAUSE
Athrosclerotic			se.		_   1	☐ YES 2 X NO		OF DEATH?
5. WAS CASE REFERRED TO MEDICA			26.0	LACE OF DEATH (C	beek oak oast			
EXAMINER?	HOSPITAL:	Controller 2 DOS	OTHER:					
7. MANNER OF DEATH  1 X Netural 5 Pending	28s. DATE OF INJU (Month, Day, Ye	JRY 266, TIM	E OF 28c. tN-	JURY AT DRK? YES 2 NO		RIBE HDW INJURY C	CCURED	
2 Accident Investigati 3 Suicide S Could not datermine	28e. PLACE OF IN. building, etc.	JURY — At home, ferm, ( (Specify)	street, factory, offic			ON (Street and Numi Town, State)	ber or Rural	Route Number,
and and	IYSICIAN: To the best of my i							(a) and manner as stated
ROBERT SOURCE AND TITLE OF CERT	might was	2-		29c. LICENSE NU N/A	JMBER	29d. D		D (Month, Day, Year) 4-90
O. NAME AND ADDRESS OF PERSON						077		
Robert Knight,			quare D	r., Balt	0., 21	237		
JAN 26 1990	July Davidson	Andell						

age 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should may be retained by the hospital or attending physician. MANYLAND 21203-3146 TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after that TO THE FUNERAL DIRECTIOR: After this certificate has been signed by the attending physician and completely filled if by the intended within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the middical examples. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DHMH-16 Rev 1/89

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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fills	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation,	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the
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1 - FOR STATE REGISTRAR		STATE OF N					EALTH A		ENTAL HYGIEN REG. NO			0100
1. DECEDENT'S NAME (First							-	:	2. DATE OF DEATH	AY	YEAR	3. TIME OF DEATH
Albert R. E		S. SEX			Y				1 21	9	0	10.30A.
		S. SEX	6. AGE (In yrs.	YRS.		DAYS	HOURS I	MIN.	(Month, Day, Year) Country)			
218-07-0630			68	1110.	95 CITY 1	TOWN C	R LOCATION	OF DEAT	4-23-21	I ee cou	Mar	yland
Carroll Cou			enital		- SU. CITT,						rroll	
RESIDENCE OF DE	CEDENT		Spital		Westminster					] Ca	11101	
	10a. STATE 10b. COUNTY			10c. CIT	Y, TOWN OR							10d. INSIDE CITY LIMITS?
Maryland		rroll			Westminster				T too CIT	TEN OF W	1 TYES 2 NO	
		rivo				1.0		157				
11. MARITAL STATUS								14. RACE	- American Indian,			
1 Never Married 2 🔯		FORCES? 1	MR OR DATES	NO	11	yes, sp		Mexican,	Puerto Rican, etc.)		Black, Specif	, White, etc.
3 Widowed 4 Div		MMI										White
(Specify or	CEDENT'S EDU ily highest grade			OECEDENT'S (Give kind of life. Do NOT u	work done du	ring mo	N st of working		16b. KIND OF BU	SINESS/INI	DUSTRY	
8th grade	(0-12)	College (1-4 or 5	·)		trici				Floor	1	C	. 0-
17. FATHER'S NAME (First,	Widdle, Last)			ETEC	LFICI	an	18. MOTHER	R'S NAME	Electi		Lon	L. LO.
Ernest Blum	here						0.00		Stockma	1100		
19a. INFORMANT'S NAME				19b. MAILING	ADDRESS (	(Street a			ute Number, City or Tox		p Code)	
William Blu	mberg		5	28 Ac	ademy	Ro	ad	Balt	imore, M	212	28	
20a. METHOD OF DISPOSITION    Surial 2   Cremation 3   Removal from Stata							wn, State					
							<b>D</b>					
21. SIGNATURE OF FUNER	AL SERVICE KI	CENSEE	1						uty 11 Home, I	Inc.		
Kayma	Will Y	eleno	<del></del>						ve. Bal		e, M	D 21229
immediate cause (F disease or condition resulting in death)  Sequentially list condition from the cause. Enter UNDERLY CAUSE (Disease or injust initiated events resulting in death) LA	tions, ediate fing	b. ACC DUE TO	(OR AS A CONS	SEQUENCE O		S	hoe	PC	٠			Onset and Dest
PART II. Other signific	ent condition		deeth but no		in the und	B 4	STO	en in Pr	ert i. 24e. WAS AN PERFO 1 TYES	RMED?	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
25. WAS CASE REFERRED EXAMINER?	TO MEDICAL						ACE OF DEA	TH (Checi	k only one)			
1 YES 2 NO		HOSPITAL:	ER/Outpatient	3 🗆 DOA	4 Nursi		e 5 🗆 Recid	dence 9	Other (Specify)			
27. MANNER OF DEATH	1	28a. DATE OF (Month, E		28b. TIR	IE OF	28c. INJ WC	URY AT	2	28d. DEŞCRIBE HOW	INJURY OC	CURED	
1 Natural 5 2 Accident	Pending Investigation				M		rES 2 🗌 I	-				
3 Suicide 8 Homicide	Could not ba determined	building,	of INJURY — At	home, farm,	street, factor	ry, offic			28f, LOCATION (Street City or Town, State		or Rural R	laute Number,
Constant only									o the cause(a) and ma			) and menner as stated.
256 SIGNATURE AND TITE	E OF CERTIFIE	B A					29c. LICENS	SE NUMB	ER	29d. DA	TE SIGNED	(Month, Day, Year)
-tolepz	A	4110	a)	m	0		02	Sn.	52	1	121	190
30. NAME AND ADDRESS	OF PERSON WI	Q.COMPLETED CAU	OF DEATH (	TEM 27) (Typ	, Print)						m	d 21117
HAFEE	7	A. 8.	HED.	2	O CY	009	SRO	ad	24 Dri	20	Out	rings min
31. DATE FILED JAN 0	F" 1991	34 HEGISTE	STARWURS AND	andelle								

d for use as the burlal transit permit. Pages 1, 2, 3 should

spital or attending physician.

8	age	pe
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 thay be	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page has elical within 20 hours after heart with the State heart with the Stat	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be
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SPITA	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the second within 20 hours after death with the State Date of Health and Mental Motiene prior to burial. Cremation or removal	=
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	FOR 1 - STATE REGISTRAR	STATE OF MARY	LAND / DEPART			ENTAL HYGIENE REG. NO.	9	0 01668	
	1. DECEDENT'S NAME (First, Middle, Last)		11			2. DATE OF OEATH	VEAD	3. TIME OF OEATH	
	RAJ RAJ	KAUR	BATI	RA		January 23	3,1990	11:53 P w	
				F UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Pay, Year)	8. BIRTI- Count	IPLACE (State or Foreign	
	211 17 1010	1 M 2 X F	81 YRS.			11-25-08		dia	
r	9a. FACILITY NAME (If not institution, give street	•	1		R LOCATION OF DEA		9c. COUNTY OF D	EATH	
5	2708 Goodwood Rd	•		Dalti	more City				
¥	10s. STATE 10b. COUNTY		N. S. S. S. S. S. S. S. S. S. S. S. S. S.	TOWN OR LOCAT	TI			10d, INSIDE CITY LIMITS?	
5	Maryland		Ba	ltimore				1 🔀 YES 2 🗌 NO	
FUNERAL DIRECTOR	100. STREET AND NUMBER 2708 GOODWOOD RD			101.	21214		India	WHAT COUNTRY?	
		12. WAS DECEDENT EVE	R IN U.S. ARMED	13, WAS DEC		C ORIGIN? (Specify Yes	or No- 14. RACI	E — American Indian.	
- 11	1 Never Married 2 Married	FORCES? 1 YE		If yes, spe	city Cuban, Mexican, 2 (X) NO Specify:		Blac	k, White, etc. ny:White	
) BY	3 Widowed 4 Divorced								
IED	15. DECEDENT'S EDUCA (Specify only highest grade co	mpleted)	(Give kind of wo	SUAL OCCUPATION rk done during mos retired.)	N st of working	16b. KIND OF BUSI	NESS/INDUSTRY		
2	Elementary/Secondary (0-12) 12 VY S	College (1-4 or 5+)	Housewi						
COMPLET	17. FATHER'S NAME (First, Middle, List)		Housewi	, ,	18. MOTHER'S NAM	E (First, Middle, Maiden S	Surname)		
BE C	Harkishan	Singh	Aneja		Vishan	De	evi	Gugnani	
0	19s. INFORMANT'S NAME (Type/Print)					ute Number, City or Town,			
-	Mr. Harbans Batr			Goodwoo		ltimore, N			
	20a. METHOD OF DISPOSITION  1  Burial 2 X Cremation 3 Remov.  4  Donation 5 Other (Specify)	al from State	206. PLACE OF DISPOSIT Office place) Greenmou		25/90		ation – city or to ltimore,		
	De + 20 9 2/20	4 4		1	and 1 Du	ck, Inc.			
	23. PART I. Enter the diseases, or co	mplications that caus	sed the death. Do no					Approximate	
	ahock, or heart failure. Listing immediate CAUSE (Final	st only one cause or	asch line.	_	0 0 0			Interval Batween Onset and Daeth	
	disease or condition reaulting in death)	Aceth	2 Muyoa	aldea	el hyl	rection	1		
	reading in death)	DUE TO (OR AS A CONSEQUENCE OF):							
5	Sequentially list conditions, b.	Cala	S A CONSEQUENCE OF:	Actely Desease					
HIFICALION	if any, leading to immediate cause. Enter UNDERLYING	Huld	oc Jours	on	.0			İ	
	CAUSE (Disease or injury that initiated events	DUE TO (OR A	S A CONSEQUENCE OF):						
Ŧ	resulting in death) LAST	9							
L CE	PART II. Other algnificant conditions	contributing to deat	h but not resulting in	the underlying	cause given in F			b. WERE AUTOPSY FINDINGS	
5	00	(1)				PERFORM		AVAILABLE PRIOR TO COMPLETION OF CAUSE	
MEDIC							L	OF DEATH? 1 YES 2 NO	
PHYSICIAN:		HOSPITAL:		26. PL	ACE OF OEATH (Chec	ck only one)			
2	1 TYES 2 NO 1	28a. DATE OF INJUI	Autpatient 3 DOA 4	I ☐ Nursing Hom	e 6 - Residence 6		HIDV GOOLDED		
	1 Natural 5 Pending	(Month, Day, Yea			RK?	28d. OEŞCRIBE HOW IN	DONY OCCURED		
1 12	2 Accident Investigation 3 Suicide 6 Could not be		JRY — At home, farm, str			281. LOCATION (Street as	nd Number or Rural	Route Number,	
	4 Homicide determined	building, etc. (S	ырвону) 			City or Town, State)			
COMPLEIED	29s. CERTIFIER (Check only 1 CERTIFYING PHYSICI	AN: To the best of my kr	nowledge, death occurred	at the time, data	and place, and due t	o the cause(s) and man	ner se stated.		
S S	one) 2 MEOICAL EXAMINER:	On the basis of axamine	ition and/or investigation.	, in my opinion, d	eath occured at the t	lme, data and placs, and	d dus to the cause(	a) and manner as stated.	
BE	296. SIGNATURE AND TITLE OF CERTIFIER	no of	MD		29c. LICENSE NUM	BER 49	29d. DATE SIGNED	(Month, Day, Year)	
2	30. NAME AND ADDRESS OF PERSON WHO	COMPANIE CAMPE OF	DEATH (TEM OF CL.		000		112	1190	
	Anil Uberoi, M.D		Falls Rd.	B	celfo	(n) à	21211		
	31. DATE FILED (Month, Day Year)	32 REGISTRANTES			- 5( -				
- 1	JAN 2 6 1990 54	ie Davidson-M	Maria						

Š.

STATE OF MARYLAND	DEPARTMENT OF	HEALTH AND	MENTAL	HYGIENI
C	ERTIFICATE O	F DEATH		REG. NO.

						. NO.		
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEA		MEAN	3. TIME OF DEATH
FN. ARN	BARRING	CE			MONTH	DAY	YEAR	605 P
4. SOCIAL SECURITY NUMBER		AGE (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7, DATE OF BIRT	тн	A BIRTH	PLACE (State or Foreign
21/22/2/01	1 M 2 F	6/ YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Y	bar)	Countr	y)
740212021		0 / Ins.				5-27	_	RYLAND
9a. FACILITY NAME (If not institution, give st	reet and number)		9b. CITY, TOWN	OR LOCATION OF DE	EATN		UNTY OF D	EATH
UNIVERSITY OF	- MARYLA	HAD HOSPITA	13B	ITIMUR	٤	^	10	
RESIDENCE OF DECEDENT								
10a. STATE 19b. COUNTY			Y, TOWN OR LOCAT	ION				tod. INSIDE CITY LIMITS?
MID 8	ALTIMOR	٤	BALT	IMORG.				YES 2 NO
10a. STREET AND NUMBER			101	. ZIP COOE		10g. CI1	TIZEN OF Y	VHAT COUNTRY?
1405 W. BALT	THORE S	T.		212	23	1.0	U.S.	Α.
11. MARITAL STATUS	12. WAS DECEDENT E		13. WAS DEC	ENDENT OF NISPAI	NIC ORIGIN? (Spec	Ify Yea or No	14. RACE	American Indian,
1 Never Married 2 Married	FORCES? 1 [		if yes, sp	ecity Cuban, Maxica	n, Puerto Ricen, a		Black	t, White, atc.
3 Widowed 4 Divorced	IF TES, GIVE WAY	OR DATES	1 1 163	2 NO Specif	у:		Speci	BLACK
15. DECEDENT'S EDUC	CATION	16a. DECEDENT'S	LISUAL OCCUPATION	n n	185 KIND	OF BUSINESS/IN	DUSTON	
(Specify only highest grade	completed)	(Give kind of w	work done during mo se retired.)	ist of working	Too. Kill o	JI 2001112007111	10031111	
Elementary/Secondary (0-12)	College (1-4 or 5+)							
		UNEME	PLOYED					
17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, I		MARY	SAMPSON
				XXXXXXX	XXXXXXXXX	XXXXXX	XXX	. DILIL DOIL
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street	and Number or Rural	Route Number, City	or Town, State, Z	(ip Code)	
		-0-						
20e. METHOD OF DISPOSITION		20b. PLACE OF DISPOS	SITION (Name of on	metery, crematory or	2	Oc. LOCATION	- City or To	own. State
1 Buriel 2 Cremetion 3 Remed	ovel from State	other place)		notery, eventually ev			J., J.	,
1 Donation 5 & Other (Specify)				ND ADDRESS OF FA				
THE BIGHT TONE OF TONE HAL SERVICE LIC	O IR IO	1-2290						
I Amilled J.	11/1/1/1/		STAT	E ANATOM	Y BOARD	BALTO	., MD	21201
23. PART Enter the diseases, or o	complications that	augad the death. Do n	not enter the me	de of duing au	h se serdise or	receivaten, e	rene ed	Approximete
shock, or heart failure.	List only one cause	on each line				respiratory s	irest,	interval Between
IMMEDIATE CAUSE (Fine)	cou	MIC PSEL	1000135	TEVETTE	M			Onset and Des
resulting in death)	RIGHT	THE PSEL	C 11/4	MORRITH	165			3 WK
	OUE TO (O	R AS A CONSEQUENCE OF	F):					-2 1/
								5 . /
	· RUBT	OF AZ COL	ECTUMY					1 16 mm
Sequentially list conditions,		R AS A CONSEQUENCE OF					-	/ 1/4 hours
Sequentially list conditions, it any, leading to immediate cause. Enter UNDERLYING		R AS A CONSEQUENCE OF	F):	1 ts Mind	CRIPAG	Ş		3 WK.
it any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (0		Ayyıc	Itemor	rritac	5		3WK.
It any, leading to immediate cause. Enter UNDERLYING	DUE TO (0	R AS A CONSEQUENCE OF	FI: Ayyıc FI:			٤		3 WK.
it any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (0	AS A CONSEQUENCE OF	FI: Ayyıc FI:			٤		3 WK.
it any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (O	HAS A CONSEQUENCE OF THAT THAT OF AS A CONSEQUENCE OF ALL BOWE	P: AMIC. P: L (1/35	TEVEN	Part I. 24a. V	WAS AN AUTOPS	Y 24t	
it any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	DUE TO (O DUE TO (O d. SM)	HAS A CONSEQUENCE OF THAT THAT OF AS A CONSEQUENCE OF ALL BOWE	P: AMIC. P: L (1/35	TEVEN	Part I. 24a. V	MAS AN AUTOPS'	Y 24b	AVAILABLE PRIOR TO COMPLETION OF CAUSE
it any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST  PART II. Other algnificent condition	DUE TO (O DUE TO	HAS A CONSEQUENCE OF THAT THAT OF AS A CONSEQUENCE OF ALL BOWE	P: AMIC. P: L (1/35	TEVEN	Part I. 24a. V	WAS AN AUTOPS	Y 24b	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
it any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	DUE TO (O DUE TO	HAS A CONSEQUENCE OF THAT THAT OF AS A CONSEQUENCE OF ALL BOWE	P: AMIC. P: L (1/35	TEVEN	Part I. 24a. V	MAS AN AUTOPS'	Y 24b	AVAILABLE PRIOR TO COMPLETION OF CAUSE
it any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificent condition  ATM A SAN  PAGAT III. OTHER ALGNIFICENT CONDITION  THE ALGNIFICENT CONDIT	DUE TO (O DUE TO	HAS A CONSEQUENCE OF THAT THAT OF AS A CONSEQUENCE OF ALL BOWE	P: AMIC. P: L (1/35	TEVEN	Part I. 24a. V	MAS AN AUTOPS'	Y 24k	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
it any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST  PART II. Other algnificent condition  ATT A Sh	DUE TO (O)  C. 146  DUE TO (O)  d. SMI  as contributing to di  N. 116.45 S.  MASS	HAS A CONSEQUENCE OF THAT THAT OF AS A CONSEQUENCE OF ALL BOWE	F): Ayy 1 C. F): L (735) In the underlyin	TEVEN	Part I. 24a. y	MAS AN AUTOPS'	Y 24k	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
it any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificent condition  ATM A SAN  PAGAT III. OTHER ALGNIFICENT CONDITION  THE ALGNIFICENT CONDIT	DUE TO (O DUE TO	HAS A CONSEQUENCE OF THAT THAT OF AS A CONSEQUENCE OF ALL BOWE	F):  Ayy i C.  F):  L (Y3 S)  In the underlyin  26. P	TRU CT L	Part I. 24a, y	NAS AN AUTOPS' PERFORMED? YES 2 NO	Y 24b	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
it any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST  PART II. Other algnificent condition  ATT A SM  25. WAS CASE REFERRED TO MEDICAL EXAMINER?	DUE TO (O  C. P46  DUE TO (O  d. SMI  as contributing to di  WASS  HOSPITAL:  1 Kinperlant 2   8	R AS A CONSEQUENCE OF THAT R AS A CONSEQUENCE OF	F):  Ayy 1 C.  F):  L (Y3 S)  In the underlyin  26. P  OTHER: 4 □ Nursing Nor	g cause given in	Part I. 24a. y 1 □ heck only one) 6 □ Other (Spec	NAS AN AUTOPS' PERFORMED? YES 2 NO		AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
it any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST  PART II. Other algnificent condition  ATT CAUSE (DISEASE)  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2  NO  27. MANNER OF DEATN  1  Natural 5  Pending	DUE TO (O  C. P46  DUE TO (O  DUE	R AS A CONSEQUENCE OF THE PARTY R AS A CONSEQUENCE OF THE PART	F):  Ayy i C.  F):  UY3 S  In the underlyin  26. P  OTHER:  4   Nursing Nor  BE OF 28c. IN  WW	g cause given In	Part I. 24a. y 1 □ heck only one) 6 □ Other (Spec	NAS AN AUTOPS' PERFORMED? YES 2 NO		AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
it any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST  PART II. Other algnificent condition  ATT CAUSE (DISEASE)  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATN  1 Natural 5 Pending Investigation	DUE TO (O  C. J46  DUE TO (O  d. SMI  as contributing to di  W 116-5  HOSPITAL: 1) Kinperlant 2 = E  288. DATE OF IN (Month, Day)	R AS A CONSEQUENCE OF THE CONSEQ	F):  Ayy 1 C.  F):  U73 S  In the underlyin  26. P  OTHER:  4   Nursing Nor  M   1	g cause given in	Part I. 24e. v f f 1	NAS AN AUTOPS' PERFORMED? YES 2 NO	OCCURED	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
it any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST  PART II. Other algnificent condition  WIGHT IN UNDERLYING  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   YES 2   NO  27. MANNER OF DEATN  1   Naturel 5   Pending Investigation  3   Suicide 5   Could not be	DUE TO (O  C. J46  DUE TO (O  d. SMI  as contributing to di  W 116-5  HOSPITAL: 1) Kinperlant 2 = E  288. DATE OF IN (Month, Day)	R AS A CONSEQUENCE OF THE CONSEQ	F):  Ayy 1 C.  F):  U73 S  In the underlyin  26. P  OTHER:  4   Nursing Nor  M   1	g cause given in	Part I. 24e. v f f 1	MAS AN AUTOPS' PERFORMED? YES 2 NO  My) NOW INJURY O	OCCURED	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
it any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST  PART II. Other algnificent condition  ATT CA SIN  25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1 YES 2 NO  27. MANNER OF DEATN  1 Netural 5 Pending Investigation  3 Suicide 5 Could not be detarmined	DUE TO (O  C. PLACE OF IN  (Month, Dey,  28e, PLACE OF	R AS A CONSEQUENCE OF THE CONSEQ	F):  Ayy 1 C.  F):  U73 S  In the underlyin  26. P  OTHER:  4   Nursing Nor  M   1	g cause given in	Part I. 24a. v F 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	MAS AN AUTOPS' PERFORMED? YES 2 NO  My) NOW INJURY O	OCCURED	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
it any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST  PART II. Other algnificent condition  ATT OF THE PART III. OTHER ALGORITHMS AND ALGORITHMS	DUE TO (O  C. DUE TO (O  DUE TO (	R AS A CONSEQUENCE OF THE CONSEQ	F):  Ayy i C.  F):  UY3 S  In the underlyin  26. P  OTHER: 4   Nursing Nor  MURY M 1    atreet, factory, officers	g cause given In	Part I. 24a. F  1   Other (Special Describer City or Town	WAS AN AUTOPS' PERFORMED? YES 2 NO  NOW INJURY O  (Street and Numb., State)	DOCCURED Der or Rural	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
it any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST  PART II. Other algnificent condition  PART II. Other algnificent condition  PART II. Other algnificent condition  PART II. Other algnificent condition  PART II. Other algnificent condition  PART II. Other algnificent condition  PART II. Other algnificent condition  PART II. Other algnificent condition  PART II. Other algnificent condition  PART II. Other algnificent condition  PART II. Other algnificent condition  PART II. Other algnificent condition  PART II. Other algnificent condition  PART II. Other algnificent condition  PART II. Other algnificent condition  PART III. Other algnific	DUE TO (O  C. DUE TO (O  DUE TO (	R AS A CONSEQUENCE OF THE CONSEQ	F):  Ayy i C.  F):  UN3 S  In the underlyin  26, P  OTHER: 4   Nursing Nor  AE OF 28c, in  WW 1      atreet, factory, offi	g cause given In  LACE OF DEATH (C/I ne 5   Residence JURY AT ORK? YES 2   NO	Part I. 24a. Y  1   1   1   1   1   1   1   1   1   1	WAS AN AUTOPS' PERFORMED?  YES 2 NO  NOW INJURY O  (Street and Numb, , State)	DOCCURED Der or Rural	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  Route Number,
it any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST  PART II. Other algnificent condition  ATT CA ST.  PART II. Other algnificent condition  ATT CA ST.  PART II. Other algnificent condition  ATT CA ST.  PART II. Other algnificent condition  ATT CA ST.  PART II. Other algnificent condition  ATT CA ST.  PART III. Other algnificent condition	DUE TO (O  C. DUE TO (O  DUE TO (O  d. SMI  Secontributing to di  SECONTRIBUTING TO (O  DUE TO (O	R AS A CONSEQUENCE OF THE CONSEQ	F):  Ayy i C.  F):  UN3 S  In the underlyin  26, P  OTHER: 4   Nursing Nor  AE OF 28c, in  WW 1      atreet, factory, offi	g cause given in	Part I. 24a. v F 1   1   1   1   1   1   1   1   1   1	WAS AN AUTOPS' PERFORMED? YES 2 NO  NOW INJURY O  (Street and Numb. ), State)  Indian menner as a salesa, and due to	ccured ber or Rural stated.	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  Route Number,
it any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST  PART II. Other algnificent condition  PART II. Other algnificent condition  PART II. Other algnificent condition  PART II. Other algnificent condition  PART II. Other algnificent condition  PART II. Other algnificent condition  PART II. Other algnificent condition  PART II. Other algnificent condition  PART II. Other algnificent condition  PART II. Other algnificent condition  PART II. Other algnificent condition  PART II. Other algnificent condition  PART II. Other algnificent condition  PART II. Other algnificent condition  PART II. Other algnificent condition  PART III. Other algnific	DUE TO (O  C. DUE TO (O  DUE TO (O  d. SMI  Secontributing to di  SECONTRIBUTING TO (O  DUE TO (O	R AS A CONSEQUENCE OF THE CONSEQ	F):  Ayy i C.  F):  UN3 S  In the underlyin  26, P  OTHER: 4   Nursing Nor  AE OF 28c, in  WW 1      atreet, factory, offi	g cause given In  LACE OF DEATH (C/I ne 5   Residence JURY AT ORK? YES 2   NO	Part I. 24a. v F 1   1   1   1   1   1   1   1   1   1	WAS AN AUTOPS' PERFORMED? YES 2 NO  NOW INJURY O  (Street and Numb. ), State)  Indian menner as a salesa, and due to	ccured ber or Rural stated.	COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
it any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST  PART II. Other algnificent condition  PART II. Other algnificent condition  PART II. Other algnificent condition  PART II. Other algnificent condition  PART II. Other algnificent condition  PART II. Other algnificent condition  PART II. Other algnificent condition  PART II. Other algnificent condition  PART II. Other algnificent condition  PART II. Other algnificent condition  PART II. Other algnificent condition  PART II. Other algnificent condition  PART II. Other algnificent condition  PART II. Other algnificent condition  PART II. Other algnificent condition  PART III. Other algnific	DUE TO (O  C. DUE TO (O  DUE TO (	R AS A CONSEQUENCE OF THIS CREAT	F):  AMIC F):  CYSS  In the underlyin  26, P  OTHER: 4 □ Nursing Nor  AE OF  JURY M 1 □  atreet, factory, offit  red at the tima, dat  on, in my opinion,	g cause given in	Part I. 24a. v F 1   1   1   1   1   1   1   1   1   1	WAS AN AUTOPS' PERFORMED? YES 2 NO  NOW INJURY O  (Street and Numb. ), State)  Indian menner as a salesa, and due to	ccured ber or Rural stated.	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  Route Number,
it any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST  PART II. Other algnificent condition  ATT CA ST.  PART II. Other algnificent condition  ATT CA ST.  PART II. Other algnificent condition  ATT CA ST.  PART II. Other algnificent condition  ATT CA ST.  PART II. Other algnificent condition  ATT CA ST.  PART III. Other algnificent condition	DUE TO (O  C. DUE TO (O  DUE TO (	R AS A CONSEQUENCE OF THE CONSEQ	F):  AMIC F):  CV3 S  In the underlyin  26, P  OTHER: 4 □ Nursing Nor  AE OF  JURY M 1 □  atree1, factory, offit  red at the tima, dat  on, in my opinion,  8, Print)	g cause given in  LACE OF DEATH (CI ne 5   Residence JURY AT ORK? YES 2   NO ce a and place, and dudenth occured at the	Part I. 24a. v F 1   1     1     24a. v F 24b. v F 24c. v	MAS AN AUTOPS' PERFORMED? YES 2 NO  NOW INJURY O  (Street and Numb 1, State)  100 100 100 100 100 100 100 100 100 1	DOCURED  DOF OF RURE!  Refed.  The cause(	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  Route Number,  a) and manner as stated.  D (Month, Day, Year)
it any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST  PART II. Other algnificent condition  PART II. Other algnificent condition  PART II. Other algnificent condition  PART II. Other algnificent condition  PART II. Other algnificent condition  PART II. Other algnificent condition  PART II. Other algnificent condition  PART II. Other algnificent condition  PART II. Other algnificent condition  PART II. Other algnificent condition  PART II. Other algnificent condition  PART II. Other algnificent condition  PART II. Other algnificent condition  PART II. Other algnificent condition  PART II. Other algnificent condition  PART III. Other algnific	DUE TO (O  C. DUE TO (O  DUE TO (	R AS A CONSEQUENCE OF THIS CREAT	F):  AMIC F):  CV3 S  In the underlyin  26, P  OTHER: 4 □ Nursing Nor  AE OF  JURY M 1 □  atree1, factory, offit  red at the tima, dat  on, in my opinion,  8, Print)	g cause given in  LACE OF DEATH (CI ne 5   Residence JURY AT ORK? YES 2   NO ce a and place, and dudenth occured at the	Part I. 24a. v F 1   1     1     24a. v F 24b. v F 24c. v	MAS AN AUTOPS' PERFORMED? YES 2 NO  NOW INJURY O  (Street and Numb 1, State)  100 100 100 100 100 100 100 100 100 1	DOCURED  DOF OF RURE!  Refed.  The cause(	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  Route Number,  a) and manner as stated.  D (Month, Day, Year)

Item19a 2-27-90 FilmG660 W.H.

90 01670

	1 - STATE REGISTRAR	STATE OF MAR		ICATE OF		MENTAL HYGIEN REG. NO			
	1. OECEDENT'S NAME (First, Middle, Last)  TAMES	James O		Clise		2. DATE OF DEATH	AY XE	3. TIME OF DEATH PLAN	
	4. SOCIAL SECURITY NUMBER	Control of the second	AGE (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	0	SIRTHPLACE (State or Foreign Country)	
	219-22-0295	1 M 2 □ F	62 YRS.			April 18	1927	Maryland	
œ	9e. FACILITY NAME (If not institution, give at		Contos	9b. CITY, TOWN OR LOCATION OF DEATH  TOWSON  Baltimore					
DIRECTOR	Greater Baltimore	Medical					Dan		
12	Pa. 106. COUNTY			Y, TOWN OR LOCAT			10d. INSIDE CITY LIMITS?		
	10a. STREET AND NUMBER	York	S	tewartst	OWN		1 ☐ YES 2) No 10g. CITIZEN OF WHAT COUNTRY?		
FUNERAL	R.R. 1, Box 16	35			17363		USA		
Š	11. MARITAL STATUS	12. WAS DECEDENT EV FORCES? 1 🔯	ER IN U.S. ARMED		ENDENT OF HISP		PRIGIN? (Specify Yes or No.— 14. RACE — American Inc		
BY	1 Never Merried 2 Married 3 Wildowed 4 Divorced	OR DATES	If yes, specify Cuben, Mexican, Puerto Rican, at  1 VES 2 NO Specify:				Specify: White		
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade		(Give kind of	Work done during mo		16b, KIND OF BU	SINESS/INDUST	RY	
Ĭ,	Elementary/Secondary (0-12)	College (1-4 or 5+)	ille. Do NOT u			IIS Co	vernme	-	
O M	17. FATHER'S NAME (First, Middle, Last)		Engi	neer	18, MOTHER'S N	IAME (First, Middle, Maider		ur	
BE C	Joseph	C.	Clise		Mar	ie	Lemme		
5	Miriam R. Clise					Stewartsto			
	26e. METHOD OF DISPOSITION 1 XBuriel 2 Cremation 3 Remote the Property of the Control of the Con	oval from State	20h. PLACE OF DISPO	SITION (Narge of con Valley M	metery, cremetory or emorial	Gardens T	imoniu	or Town, State m, Md. 21093	
	21. Slaus TURN OF FUNERAL SERVICE LIC	ENSEM DAN	1	22. NAME A	ND ADDRESS OF I	chell-Wiede		. 4	
	Lugaro	Course	W Clar	Y 10 V	V. Pado	nia Rd., T	imoniu	m. Md. 21093	
	23. PART I. Enter the diseases, or o			not enter the mo	de of dying, su	ich es cerdiac or resp	eiratory arrest,	Interval Between	
	IMMEDIATE CAUSE (Final disease or condition	6	leson mt	D7. A	Tailu	70		Onset and Death	
	DUE TO (OR AS A CONSEQUENCE OF):							2	
Z	Convention let conditions	. <u>M</u>	letastat	it l	elle	Cark	er	3 mon	
ATIO	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR	AS A CONSEQUENCE O	OF):	(	)			
윤	CAUSE (Disease or Injury thet Initisted events	DUE TO (OR	AS A CONSEQUENCE O	OF):					
CERTIFICATION	resulting in death) LAST	d							
	PART It. Other significant condition	es contributing to de	eth-but not resulting	In the underlyin	g cause given t	in Part t. 24s. WAS A	N AUTOPSY	24b. WERE AUTOPSY FINDINGS	
CAL	Right	houmo	Haovax				RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE	
MED	0		3753					OF DEATH?	
			361						
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HØSPITAL:		26. P	LACE OF DEATH (	Check only one)			
IYS	1 YES 2 NO	1 Nopatient 2 EF	NOutpetient 3 DOA	4 - Nursing Hor	ne 5 🗆 Residenc	e 6 Other (Specify)	IN HERV COCHE	50	
YHA	1 Netural 5 Pending	(Month, Day, 1		IJURY W	YES 2 NO	266. DESCRIBE HOW	INJUNY OCCUM	EO	
D BY	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF IN	UURY At home, farm,			28f. LOCATION (Street City or Town, State	and Number or i	Rural Route Number,	
ш	4 Homicide determined	buttoning, stc.	. (GDBCH))			City or Jown, State	-/		
COMPLET	onel only					us to the cause(s) and m		ause(s) and manner as stated.	
BE C	296. SIGNATURE AND TIPLE OF CENTIFIE	a Kre	2 pol		29c. LICENSE N	UMBER SSV 1	29d. DATE S	IGNED (Month, Day, Year)	
5	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE O	OF PEATH (ITEM 27) THE	e, Print)	5601	Loch Ra	ven	Bluel	
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S	LSIGNATURE	MI	Balt	MOTE,	Mas	457	
	JAN 26 1990 A	32. REGISTRAR'S	Mandall						

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-mours after death. Page TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral direction within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Hem 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner in

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

be detached for use as the burial-transit permit. Pages 1, 2, 3 should

d by the hospital or attending physician.

BALTIMORE WARYLAND 21203-3146

1	-	FOR STATE REGISTRAR	
		112010111111	

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	- REGISTRAR		CERTIF	ICATE OF	DEATH	REG. NO.			
l.	1. DECEDENT'S NAME (First, Middle, Last)		1 30 L			2 DATE OF DEATH		3. TIME OF DEATH	
,	GENE A. CLAXTON	N				Jan 24	1990	10:51 A M	
	4. SOCIAL SECURITY NUMBER	5. SEX 6.	AGE (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8. BIRTH	HPLACE (State or Foreign	
	498-28-0324	1 [MM 2 [] F	61 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year) 11/28/28	Mis	souri	
OR	98. FACILITY NAME (If not institution, give atr Kimbrough Army Col		ospital		or location of de George G.	Meade, Md	Anne A		
5	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY	,	10c. CIT	Y, TOWN OR LOCA	TION			10d. INSIDE CITY	
DIRECTOR	Maryland Howa			llicott				LIMITS?	
FUNERAL	100. STREET AND NUMBER 8105 Valley Lane	e						WHAT COUNTRY?	
11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECEMBENT OF HISPANIC ORIGIN? (Specify Year						r No- 14, RACE	E - American Indian.		
à	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 X IF YES, GIVE WAR WW I	OR DATES		pecify Cuban, Mexica S 2 X NO Specify	n, Puerto Ricen, etc.) y:	Speci	k, White, etc.  White	
9	15. DECEDENT'S EDUC	CATION	16a. DECEDENT'S	USUAL OCCUPATI	ON	18b. KIND OF BUSII	NESS/INDUSTRY		
COMPLETED	(Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5+) Years		work done during mose retired.)	ost of working	Comomol	Contra		
<b>S</b>	17. FATHER'S NAME (First, Middle, Last)	years	COHST	ruction	14 MOTHER'S NA	ME (First, Middle, Maiden St	Contra	cting	
BE CO	Jessie Claxton					me (First, Middle, Meiden St Unknown	Imame)		
	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street		Route Number, City or Town,	State, Zip Code)		
2	Barbara E. Claxto	on	810	5 Valley	Lane E	llicott Cit	v. Md.	21043	
	20a. METHOD OF DISPOSITION		20b. PLACE OF DISPO				ATION — City or To		
	1 Ck Burlel 2 Cremetion 3 Removal from State 4 Donation 8 Other (Specify) Garrison Forest Veterans Cem.  Owings Mills, Maryland								
	21. SIGNATURE OF FUNERAL SERVICE CLEUSE 22. NAME AND ADDRESS OF FACILITY Hubbard Funeral Home, Inc.								
	× 1000 95	5- 4						1 01000	
-	23. PART I. Enter the diseases, or o	amplications that o	accord the death Dr.			Ave. Balti			
	ahock, or heart fellure. L IMMEDIATE CAUSE (Finel disease or condition resulting in death)	let only one cause CAP	on sech line.			PREST		Approximate interval Between Onset and Death	
		DUE TO (OF	R AS A CONSEQUENCE O	F):		N			
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate	DUE TO (OF	R AS A CONSEQUENCE O	F):	-				
3	cause. Enter UNDERLYING								
	CAUSE (Disease or Injury that initiated events	DUE TO (OF	R AS A CONSEQUENCE O	<b>(</b> F):					
E I	resulting in deeth) LAST	d							
- 111	PART II. Other algnificant conditions	e contributing to de	ath hut not moulting	- the underlying	- sauce aluma la	5-41			
DICAL	PART II. Other eignincent conduction	I contributing to de	ath but not reauting	In the underlyin	ig cause given in	Part I. 24a. WAS AN A PERFORM	NED?	AWAILABLE PRIOR TO COMPLETION OF CAUSE	
MED								OF DEATH? 1  YES 2 NO	
÷						_			
<u> </u>	25. WAS CASE REFERRED TO MEDICAL			26. P	LACE OF DEATH (Ch	eck only one)			
PHYSICIAN:	EXAMINER?  1 TYES 2 NO	HOSPITAL: 1   Inpetiant 2   EF	R/Outpatient 3 DOA	OTHER:	ne 5 Besidence	a ☐ Other (Specify)			
¥	27. MANNER OF DEATH	28a. DATE OF INJ	JURY 28b. TIN	ME OF 28c. IN	JURY AT	28d. DESCRIBE HOW IN.	JURY OCCURED		
BYP	1 Netural 5 Pending	(Month, Day, 1	Year) IIV.		ORK? YES 2 NO				
	2 Accident Investigation 3 Suicide 8 Could not be determined	25e. PLACE OF In building, etc.	NJURY — At home, farm, (Specify)	street, factory, offi	ce	281. LOCATION (Street an City or Town, Stete)	d Number or Rural I	Route Number,	
Ū,	29a. CERTIFIER								
COMPLETED	(Check only					to the cause(a) and mann time, data and place, and		a) and manner as stated.	
	296. BIGHATORE AND TITLE OF CERTIFIER	X 11	24.0	1	290-LICENSE NUI	MBER O	29d. DATE SIGNED	(Morth Day Year)	
BE	Herrey	V MO	MAINVL	)	DE	3903	1/20	9190	
2	30, NAME AND ADDRESS OF PHISON WHO	D SOMPLEYED CRUSE	OF DEATH (ITEM 27) (Type	a, Print)			7	1	
	AL DETECTION OF THE STATE OF TH	$\overline{}$							
	JAN 26 1990	Sicha Davidi	on-handalle						

5 should be detached for use as the burial-transit permit, Pages 1, 2, 3 should retained by the hospital or attending physician. MARYLAND 21203-3146

be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within as after death of TO THE FUNERAL DIRECTION: After this certificate has been signed by the attending physician and completely mest in by the fundal be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examin.

DHMH-16 Rev 1/89

must

event, the medical examiner

DIVISION OF VITAL ACCORDS, 1.0. DOX 13140,	ed with	al, crer
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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and comple be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, crei IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic even
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1. DECEDENT'S NAME (First, Middle, Lest,					DEATH	MONT			YEAR	3. TIME OF DEATH
	ice			Dredden			22-90			2:29PM
4. SOCIAL SECURITY NUMBER 216-54-1860	5. SEX	6. AGE (In yrs. le:		ONTHS DAYS	HOURS MIN.	(Mont	of BIRTH h, Day, Year) 25/49		Country	TO., MD
9e. FACILITY NAME (If not institution, give	street and number)		- 1	b. CITY, TOWN	OR LOCATION OF DE			9c. COUNT		
26 S. Exeter S		Bal	timore Ci	.ty	:					
26 S. Exeter Street Balt: RESIDENCE OF DECEDENT 100. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION BALTIMO					ATION					10d. INSIDE CITY
MD  10e. STREET AND NUMBER				BALTIMORE			1 X YES 2 NO			
26 S. EXTER STR	EET ADT O	C		1	01. ZIP CODE 21202			11,50,730		HAT COUNTRY?
11. MARITAL STATUS	12. WAS DECEDEN		RMED	13. WAS DE	CENDENT OF HISPAN	IIC ORIGI	N? (Specify Yea		JSA A BACE	— American Indian,
1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1	YES 2 X		If yes, t	s 2 NO Specifi	n, Puarto			Black, Specify	White, stc.
15. DECEDENT'S ED		16a. DI	ECEDENT'S U	SUAL OCCUPAT	ION	166	. KIND OF BUS	SINESS/INDU	STRY	DLACK
(Specify only highest grad	College (1-4 or 5	104	a. Do NOT use							
10th			UNE	MPLOYE			N/			
17. FATHER'S NAME (First, Middle, Last)	DDEN				16. MOTHER'S NA	ME (First,	ROEIL STA			
NORMAN DRE  19s. INFORMANT'S NAME (Type/Print)	DUEN	146	A MARING A	DDBESS (Steen	ROSIE	Doube Mar	WILS	7.07.1	On other	
ROSIE DREDDEN					RNE AVENI					1213
20a, METHOD OF DISPOSITION		20b. PLACE	OF DISPOSIT		emetery, crematory or					+1-1-1
1X_Mouriel 2 Cremetion 3 Removal from State other place) 4 Donation 5 Other (Specify) BALTIMORE CEMETERY BATIMORE, MD  21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY							MD			
							MILL			
C-AT				0.0. 147-141-0	AND ADDRESS OF FA	GLIT				
/ 1 / 1/	19-11	0.01								
alle	E-W	_	eath Do no	WM. C	. MARCH F	-/H :				
23. PART I. Enter the diseases, of shock, or heart feiture	complications the	t caused the d	eeth. Do no	WM. C	. MARCH F	-/H :				Approximate interval Between
23. PART I. Enter the diseases, of shock, or heert feiture IMMEDIATE CAUSE (Final	complications the	et caused the duse on each line	e.	WM. (	MARCH F	-/H :				Approximate interval Between
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**OCME** 1-23-90 111 Penn Street, Baltimore, MD 21201

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

JULIA C. GOODIN, MD

JAN 26 1990

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 25 meurs after death. Page 6 may be regimed to	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 Indian	pujea	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be negitled :
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	FOR STATE REGISTRAR	STATE OF I	MARYLAND / CE			T OF H			MENTAI	HYGIEN	E				
1	1. OECEDENT'S NAME (First, Middle,	Last)							2. DATE	OF DEATH	W	VEAD	3. TIM	E OF DEATH	
	CHARLES ROLAN	D DAVIS						_	1	2	3	90	12	:40P	M
	4. SOCIAL SECURITY NUMBER	5. SEX	EX 6. AGE (In yrs. last birthday)			1 YEAR	IF UNDER	-		OF BIRTH		8. BIRTI	HPLACE	(State or Foreign	n
	216-20-8402	1 M 2 □ F	64	YRS.	MONTHS	DAYS	HOURS	MIN.	3/1	1/25			yla	nd	
	9a. FACILITY NAME (If not institution,	give street and number)			9b. CIT	r, TOWN O	R LOCATIO	ON OF DE	EATH		9c. COU	INTY OF E	DEATH		
HC H	1110 Carroll S			Balt	imore	e									
ਹੋ	RESIDENCE OF DECEDEN										1				
DIRECTOR	10.00	DUNTY				OR LOCAT	ION						L	NSIDE CITY JMITS?	
	Maryland			В	атсі	more								YES 2 NO	
FUNERAL	10e. STREET AND NUMBER					101.	ZIP CODI					TIZEN OF		OUNTRY?	
Ä	1110 Carroll Street						212					.S.A			
5	11, MARITAL STATUS  1 Never Married 2 Married		T EVER IN U.S. AR		13.					? (Specify Yea Rican, etc.)	or No-	14. RAC Blac	E — Am	erican Indian, a, etc.	
ВУ	3 Widowed 4 Divorced	IF YES, GIVE Y				1 YES	2 X NO	Specify	y:			Spec		hite	
	15. OECEDENT'S			CEOENT'S	HEHAL C	CCUPATIO	M.		145	KIND OF BU	CINECO (IN	DUCTOV	W	litte	
1	(Specify only highest Elementary/Secondary (0-12)	grade completed)	(Gi	he kind of Do NOT u	work done	during mos	st of working	ng	100	KIND OF BO	3114E337114	DOSINI			
COMPLETED	12th grade	College (1-4 or 5		orem	an					Baltim	ore	City	Go	v't	
N	17. FATHER'S NAME (First, Middle, Las	ot)					18. MOTI	HER'S NA		Alddle, Maiden					
Ö	James Davis						C	har1	otte	Moon	1				
19a INFORMANT'S NAME (Type/Print) 19b MAH ING ADDRESS (Street and Number or Burel Brute Number City or Trum State 7th Code)															
• O							21230								
20a. METHOD OF DISPOSITION 1 CK Burlai 2 Cremation 3 Removal from State 4 Donation 8 Other (Specify)  20b. PLACE OF DISPOSITION (Name of cemetery, crematory or other place)  Meadowridge Memorial Park  Elkridge, Mary									rta						
								land							
21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY															
	▶ Chinal	o. H m	· leas							ome, I					
	22 DADT I Enter the diseases	or complications the	t council the de	oth Do	14	107 1	Vilk	ens	Ave.	Balt	imor	<u>e, M</u>		21229	
	23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.  Approximate interval Between														
	IMMEDIATE CAUSE (Final disease or condition	MIL	andia	0	10	Lan	o to	M						Onset and Da	aath
	resulting in death)	a. //140	amula	V	MM	wu	14		5				_		
	Sequentially list conditions, Superior of the conditions of the co														
O	Sequentially list conditions,	b. OUE TO	OR AS A CONSE	DUEWEE C	FI:	ryu	NV -	10	7/4	77 - 6777					
AT	If any, leading to immediate cause. Enter UNDERLYING		(										j		
FI	CAUSE (Disease or Injury that Initiated events	C. DUE TO	(OR AS A CONSEC	DUENCE O	F):										
CERTIFICATION	resulting in death) LAST	-													
핑		d													
AL	PART II. Other significant cond	ditiona contributing to	death but not r	resulting	In the u	nderlying	Cause	given in	Part I.	24a. WAS AN PERFOI		24		AUTOPSY FINDI	NGS
음	_ sceep	2 apr	un o	sy	Ma	Nor	re		_	1 TYES	NO		OF DE	LETION OF CAUS EATH?	SE
ME	/			0					_				1 🔲	YES 2 NO	
PHYSICIAN: MEDICAL															
S	25. WAS CASE REFERRED TO MEDIC EXAMINER?	HOSPITAL:			ОТНЕ		ACE OF D	EATH (Ch	eck only or	16)					
YSI	1 TYES 24 NO		ER/Outpetlent 3	□ DOA		rsing Hom	5 R	aldence	8 🗆 Othe	r (Specify)					
F	27. MANNER OF OEATH	28a. DATE Of (Month, I	F INJURY Day, Year)	28b. TIS	JURY		RK?		28d. OES	CRIBE HOW	INJURY O	CCUREO			
ВУ	1 Natural 5 Pending 2 Accident Investiga	rtion /	7		М		/E\$ 2 [	NO							
	3 Suicide 8 Could no	ot be building	OF INJURY — At he , etc. (Specify)	ome, farm,	street, fac	ctory, office				ATION (Street or Town, State		er or Rural	Route N	lumber,	
ETE	172-77														
PL	Chieda dally	PHYSICIAN: To the best o	t my knowledge, de	ath occur	red et the	time, date	and place	, and due	to the ce	use(a) and ma	nner ee at	ated.			
COMPLETED	one) 2 MEDICAL EX	AMINER: On the beals of	examination and/or	Investigati	on, In my	opinion, d	eath occu	red at the	time, data	and place, a	nd dua to	the cause	(a) and (	menner an state	d.
ш	296. SIGNATURE AND TITLE OF CER	TUPLER	m				29c. LIC	ENSE NUI	MBER		29d. DA	TE SIGNE	O (Mont)	Day, Year)	
0	JUNOGY	rus					0	145	11			1/2	141	90	
2	30, NAME AND ADDRESS OF PERSO	N WHO COMPLETED CAL	ISE OF OFATH (ITE	M 27) (Tyo	Print)										

Towson, Md.

COMPLETED CAUSE OF OEATH (ITEM 27) (Type, Print)

Thomas Hobbins, M.D.

1990

31. DATE FILED (Month, Day, Year 1 AN 2 6

D. 8415 Bellona Lane Suite

RYLAND 21203-3146

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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in b	2	
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31. DATE FILED (MONTH, Day, Year)

	FOR	STATE OF MARYLAN	D / DEPART	MENT OF	HEALTH AND	MENTAI	L HYGIEN	E	90	016	57
	1 - STATE REGISTRAR  1. DECEDENT'S NAME (First, Widdle, Lest)	Herman Le	certificeroy D:		DEATH	2. DATE MONTE	REG. NO.	v 7	CAR	ME OF DEATN	n
1	4. SOCIAL SECURITY NUMBER 093-28-7530	1 2 F 89		IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	(Month	OF BIRTN h, Day, Year) /19/0		2	E (State or Foreig	yn n
TOR	96. FACILITY NAME (If not institution, give street and number)  Francis Scott Key Med. Cent.  Baltimore City  RESIDENCE OF DECEDENT										
DIRECTOR	10a. STATE 10b. COUNTY	more	10c. CITY,	TOWN OR LOCA	TION	_	10d. INSIDE CITY LIMITS? 1 YES 2 Y NO				
FUNERAL	100. STREET AND NUMBER 101 Centre Pla	ice							.S.A		
В	11. MARITAL STATUS 1	Never Married 2 ☐ Married FORCES? 1 1 YES 2 ☐			If yes, specify Cuban, Maxican, Puerto Rican, etc.)					merican Indian, ia, etc.	
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	ATION 18 completed) College (1-4 or 5+) Unix .	e. DECEDENT'S U (Give kind of wo life. Do NOT use Sales	ork done during m retired.)	ON pat of working			us In			
BE CON	17. FATHER'S NAME (First, Middle, Last) Lorenzo Dixon  18. MOTHER'S NAME (First, Middle, Meiden Surneme) Mary Shoemacher										
TO E	19a. INFORMANT'S NAME (Types/Print)  LOUIS DIXON  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  206 S. Chester St. Baltimore, Md. 21231  20a_METNOD OF DISPOSITION  20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c, LOCATION — City or Town, State										
	20a_METNOD OF DISPOSITION 1 Guriel 2 Cremetion 3 Remo 4 Donation \$ Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LIGI	Sr	her plane)	ield C	metery, cremetory of emetery of the terms of	У		CATION - City			
	Bemand	Thomask	wh.	B. Da	browski	& Soi	Balt	imore,	Md.	re St. 21224	
	23. PART I. Enter the disesses, or conshock, or heart failure. L. IMMEDIATE CAUSE (Final disesse or condition resulting in deeth)	omplications that caused the late only one cause on each one cause on each one cause on each one cause on each one cause on each one cause on each one cause on each one cause on each one cause of the	Bowell	1	ode of dying, su	och as cero	diac or respi	ratory arrest		Approximate Interval Betw Onset and D	ween
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa reaulting in death) LAST										
PHYSICIAN: MEDICAL CE	PART II. Other significant conditions Cononary Andria Itemes Finding	1	not resulting in	tha underlyli	ng cause given	In Part I.	24a. WAS AN PERFOR 1 XYES 2	RMED?	COM OF D	E AUTOPSY FIND ABLE PRIOR TO PLETION OF CAU EATH? YES 2 NO	JSE
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	LACE OF DEATH						
	27. MANNER OF DEATN 1 1 Natural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 28c. IN	me 5 ☐ Residence  JURY AT  ORK?  YES 2 ☐ NO			NJURY OCCUP	RED		
TED BY	2 Accident Investigation 3 Suicide s Could not be 4 Homicide determined	28e. PLACE OF INJURY — building, etc. (Specify)	At home, farm, st	reet, factory, off	Ce		CATION (Street or Town, State)	and Number or	Rural Route	Number,	
COMPLET	and a	CIAN: To the best of my knowledge: On the basis of examination ar								manner as state	ed.
							29d, DATE &	1GNED (Mon	(h, Day, Year)		

	1 - STATE OF MARYLAND / DEPARTM CERTIFIC	MENT OF HEALTH AND I ATE OF DEATH	MENTAL HYGIENE REG. NO.						
1	1. DECEDENT'S NAME (EIRST, Middle, Last)  FRIX Drzewiec	ki'	2. DATE OF DEATH DAY	9 3. TIME OF DEATH A					
9	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday)	UNDER 1 YEAR IF UNDER 24 HRS. NTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8. BIRTHPLACE (State or Foreign Country)  Maryland					
OR		B ALL	SAH						
IRECT	106. CITY, TO Baltimore Bal	own or Location timore		10d. INSIDE CITY LIMITS?					
FUNERAL DIRECTOR	100. STREET AND NUMBER 4307 Edro Ave.	101. ZIP CODE 21236		1 USA					
ВУ	3 Widowed 4 Divorced IF YES, GIVE WAR OR DATES	13. WAS DECENDENT OF HISPAI If yee, specify Curen, Mexics 1 VES 2 NO Specifi		14. RACE — American Indien, Black, White, etc.					
PLETED	Elementary/Seography (0-12) College (1-4 or 5+)	done during most of working	16b. KIND OF BUSINESS/IN	NDUSTRY					
Course	17. FATHER'S NAME (First, Middle, Last)	18. MOUHER'S NA	AME (First, Middle, Maiden Surname)						
BE	Stefan Drzewiecki		terino Gaca						
5	D 196. MAILING AD	DRESS (Street and Number or Rural Edro Ave. Ba							
	200. METHOD OF DISPOSITION 200. PLACE OF DISPOSITION	ON (Name of cemetery, crematory or		- City or Town, State					
		ary Cemetery	Balti	more, Maryland					
	Tavid Meles	Edward J. Wel	ber F.H. 401 S						
	23. PART I. Enter the diseases, o complications that caused the deeth. Do not ahock, or heart felling. List only one cause on each line.  IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)	enter the mode of dying, suc	ch se cardiec or respiratory s	Approximate interval Between Onset and Death					
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST								
MEDICAL	PART II. Other algnificant conditions contributing to deeth but not resulting in the state of th	the underlying cause given in	Part I. 24a. WAS AN AUTOPS PERFORMED? 1  YES 2 NO	Y 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO					
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:	26. PLACE OF OEATH (C)	heck only one)						
HYS	1	Nursing Home 5 Residence	6 Other (Specify)  28d, DESCRIBE HOW INJURY O	CCURED					
ВУ Р		WORK?  M 1 VES 2 NO							
	III a Sulaida I 286. PLACE UP INJURY - At home, form, stre	et, fectory, office	261. LOCATION (Street and Numb City or Town, State)	ber or Rural Route Number,					
COMPLETED	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred a MEDICAL EXAMINER: On the basis of examination and/or investigation, if								
BE	296. SIGNATURE AND TITLE OF CERTIFIER	29c. LICENSE NU	584 29d. D.	ATE SIGNED (Month, Day, Year)					
10	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Pri	AL R	14 Mc 21	12-2 1/					
	31. DATE FILED (Month, Oby, Yayr) 32. REGISTRAR'S SIGNATURE	IN C VA	i) II W our	· · ·					

filled at once.

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page from TO THE FUNERAL DIRECTIOR: After this certificate has been signed by the attending physician and completely filled in by the funeral direction be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must

STATE OF MARYLAND / DEPARTMENT	OF HEALTH	AND	<b>MENTAL</b>	HYGIENE
CERTIFICATE	OF DEAT	ГН		REG. NO.

	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI			MENTAL HYGIEI			
	1. DECEDENT'S NAME (First, Middle, Last) Joe Brady	Dellinger	4			2. DATE OF DEATH	<b>9</b> 0 "	3. TIME OF DEATH 7:30 a.m	
	4. SOCIAL SECURITY NUMBER 367-14-5477	1 🔀 M 2 🗆 F	76 YAS. 14	F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 10-29-1	913 I	BIRTHPLACE (State or Foreign Country) North Carolina	
TOR	98. FACILITY NAME (If not institution, give a 12 Seminole Av RESIDENCE OF DECEDENT			catv, rown o	SVILLE	ATH	9c. COUNTY Ba.	timore	
DIRECTOR	10a. STATE 10b. COUNT				N OR LOCATION			10d. INSIDE CITY LIMITS? 1 YES 2 X NO	
FUNERAL	12 Seminole Avenue			101	101. ZIP CODE 21228			USA	
BY FUN	11. MARITAL STATUS  1 Never Married 2 M Merried  3 Widowed 4 Divorced  12. WAS DECEDENT EVER IN U.S. ARI FORCES? 1 YES 2 M IF YES, GIVE WAR OR DATES			If yes, sp	ENDENT OF HISPANI ecity Cuben, Mexican 22 NO Specify:		ne or No 14.	RACE — American Indian, Black, White, etc. Soechy: White	
COMPLETED					ost of working	18b. KIND OF B		vernment	
	17. FATHER'S NAME (First, Middle, Last) Ordie Dennis	2 02 0011	~p	18. MOTHER'S NAM	ME (First, Middle, Maide Rosabel	n Surname)			
TO BE	190. INFORMANT'S NAME (Type/Print) Mary Jo Delli:		12 S	emino]	Le Avenu		nsvill	le, MD 21228	
	20a. METHOD OF DISPOSITION  1	Metro Cr	emator	ry, Inc.  ND ADDRESS OF FAC	Ва		y or Town, State Ce, MD		
	George E. I	- /m "		Cren	nation S	Society Marylan	of Mar d, 212	ryland 228	
NO	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):								
CERTIFICATION	if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):							
MEDICAL	PART II. Other significant conditions contributing to death but not resulting in the underlying of						N AUTOPSY DRMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 DO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   YES 2     NO	HOSPITAL: 1   inpetient 2   ER/Out		OTHER:	LACE OF DEATH (Che				
ВУ РНУ	27. MANNER OF DEATH  1 Natural 5 Pending investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	RY W	JURY AT ORK? YES 2 NO	28d. DESCRIBE HOW	INJURY OCCU	RED	
	2 Accident Investigation 3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)					281. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
COMPLETED		SICIAN: To the best of my know IER: On the basis of examinati						ceuse(e) and manner se stated.	
TO BE C	396. SIGNATURE AND TITLE OF CERTIFIE	1. White	M.	P.	29c. LICENSE NUN		29d. DATE S	34/90	
	Patrick W. Wh:		, 299 Fr	,	k Road,	Catons	ville,	MD 21228	
Į.	IAN OF 1000	12. HEGISTHAN'S SIG	Onde 12					i	

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i the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	examiner
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	1 - STATE REGISTRAR	STATE OF M	ARYLAND /			T OF HE				HYGIENE REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)	KERT							2. DATE OF MONTH			3	1. TIME OF DEATH 8:30am
	4. SOCIAL SECURITY NUMBER  2/2 -/0 - 55 77	5. SEX 1 💢 M 2 🗌 F	6. AGE (In yrs. lest	Printer of the printe				(Month, Day, Year) Cou		BIRTHPL Country)	ACE (State or Foreign		
SR	9a. FACILITY NAME (If not institution, give street and number)  INNS OF EVERYLLIN - South  BALTIMOVI MANUARY  -												
DIRECTOR	10a. STATE  10b. COUNTY  MADV/ AAA				10c. CITY, TOWN OR LOCATION BALTIMORE							1	0d. INSIDE CITY LIMITS?
	10a. STREET AND NUMBER  10f. ZIP CODE									10g. CITIZEI	N OF WH	YES 2 NO	
BY FUNERAL	11. MARITAL STATUS  1 Never Married 2 Married  1 Never Married 2 Married  1 Never Married 2 Married  1 FYES, GIVE WAR OR DATES					WAS DECE If yes, spec	Ify Cube	n, Mexica	NIC ORIGIN? ( in, Puerto Ric y:	Specify Yes an, atc.)	or No.— 14	RACE - Black, V Specify:	- American Indian, White, etc.
	3 Wildowed 4 Divorced  15. DECEDENT'S EDUC (Specify only highest grade		16a. DE(	CEDENT'S	USUAL C	CCUPATION during most	l of workin	na	16b. K	IND OF BUS	INESS/INDUS	TRY	William
E COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 8+	Ma	no NOT U	se retired.)	Ten			. (	vare	hous	e	
	17. FATHER'S NAME (First, Middle, Lest)  NOT KNOWN  18. MOTHER'S NAME (First, Middle, Maiden Surname)  NOT KNOWN												
10	196. INFORMANT'S NAME (Type/Print)  Eleanor. Jaskulski 1346 Cambria Street BALTO. Malays												
	20s, METHOD OF DISPOSITION  1 A Burlel 2 Cremation 3 Removal from State  4 Donation 5 Other (Specify)  20b. PLACE OF DISPOSITION (Name of cometery, crematory or other place)  51. MARV'S CEMETERY  3ALTO, MO21211												
	21. SIGNATURE ALL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY BURGE E-HENSS  3631 FALLS Rd BALTO, MODELLA IN												
	23. PART i. Enter the diseases, or o shock, or heert failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	complications that List only one cause a Civiles	caused the de	ath. Do	not ente	the mod	e of dyl	Ing, such	h as cardia	c or respir	retory erres	t,	Approximate interval Between Onset and Death
TION	Sequentially list conditions, if any, leading to immediate	DUE TO	OR AS A CONSEC	MENCE O	a	ita	my	D	lise	ase	<u>ب</u>		
ERTIFICA	CAUSE (Disease or injury thet initiated events resulting in death) LAST  DUE TO (OR AS A COMSEQUENCE OF):												
: MEDICAL C	PART II. Otherwigniticant conditions contributing to death but not resulting in the underlying cause given in Part I.    Annual Constitution									MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
SICIAN	25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1  Yes 2  NO												
	27. MANNER OF DEATH  1 Netural 5 Pending	26a. DATE OF (Month, De	INJURY	26b. TII		28c. INJU WOR	RY AT		6 Other (		NJURY OCCU	RED	
BY PHYSICIAN: MEDICAL CERTIFICATION TO BE	2 Accident investigation 3 Suicide 6 Could not be determined	28e. PLACE Of building,	F INJURY At ho etc. (Specify)	ma, farm,	atreet, fac	ctory, offica			261. LOCATION (Street and Number or Rural Route Number, City or Yown, State)				
COMPLETED	29a. CERTIFIER 1 CERTIFYING PHYSI (Check only one) 2 MEDICAL EXAMINE	CIAN: To the best of R: On the basis of as											and manner so stated.
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	V. Ste	m,	M.	P		29c. LICI	ENSE NUI	860	2	29d. DATE 8	-2	Month, Day, Year)
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type Print)													

32. REGISTRAR'S SIGNATURE

once.

MARYLAND 21203-3146

BALTIMORE,

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Page

after death.

director

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HOSPITAL

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Julia C.

31. DATE FILED (Month, Day, Year)

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JAN 26 1990

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32. REGISTRAB'S SIGNATURE

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TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral di	19	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner
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FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 1998 JANUARY KENNETH MICHAEL **EVANS** 10:05A 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In vrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign DAYS MARCH 18,1961 MARYLAND 28 214-78-2700 1 X M 2 7 F YRS. 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY. TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Water - 66th St. & Bay Ocean City Worcester 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10a. STATE 10d. INSIDE CITY **ESSEX** MARYLAND BALTIMORE 1 YES 2 NO 10e. STREET AND NUMBER FUNERAL 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 2123 CORALTHORN ROAD 21220 U.S .A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-11. MARITAL STATUS 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Marri If yes, specify Cuben, Maxican, Puarto Rican, atc.) IF YES, GIVE WAR OR DATES 1 TES 2 X NO Specify: Specify BY 3 Widowed 4 Divorced WHITE COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade completed) 18a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY intary/Secondary (0-12) College (1-4 or 5+) N/A N/A STEAM FITTER MECHANICAL CONTRACTORS 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) JOHN A. EVANS SHIRLEY L. KIDD BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 0 JOHN A. EVANS (FATHER) 2123 CORALTHORN ROAD, BALTIMORE, MARYLAND 21220 20a. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or 20c, LOCATION - City or Town, Stata Buriel 2 Cremation 3 🗆 🖩 GARDENS OF FAITH CEMETERY BALTIMORE, MARYLAND 4 Donation 5 Other (Specify). 21. SIGNATURE OF TWIERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY SCHIMUNEK FUNERAL HOME INC. near nos 9705 BELAIR ROAD, BALTÍMORE, MARYLAND 21236 23. HART I. Enter the diseases or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata ahock, or heart fall List only one cause on each line. lure. Interval Between Onset and Death **IMMEDIATE CAUSE (Final** disease or condition\_ Drowning resulting in death) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TYYES 2 NO TYES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER?

1 YES 2 NO HOSPITAL: OTHER 1 | Inpatient 2 | ER/Outpatient 3 | DOA me 5 □ Residence 6 🛱 Other (Specify) Scene 4 - Nun 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28d. DESCRIBE HOW INJURY OCCURED 28b. TIME OF 28c. INJURY AT WORK? 1 Natural
2 Accident 5 Pending M 1 YES 2 NO Subject found in water BY 1-1-90 Investigation 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 8 Could not be determined COMPLETED Water 66th St. & Bay, Ocean City, MD 29a. CERTIFIER 1 \_ CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. (Check only 2 MEDICAL EXAMI n and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated. 296. SHIMATURE AND TITLE OF CENTURE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 1-20-90 OCME 2 30. MARE AND ADDRESS OF PERSON WHO COMPLETED CAND ATH (ITEM 27) (Spe. Print)

111 Penn St., Balto., MD

Frank Peretti, MD

31. DATE FILED (Morith, Day, Year) 5

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AN: The law req	ficate has been	r item 23 show
YSICIAN: The law req	s certificate has been the State Deat of H	ed, or item 23 show
JING PHYSICIAN: The law req	After this certificate has been a	marked, or item 23 show
ITENDING PHYSICIAN: The law req	TOR: After this certificate has been after death with the State fleet of h	28 is marked, or item 23 show
. DR ATTENDING PHYSICIAN: The law req	DIRECTOR: After this certificate has been thouse after death with the State Death of M	Item 28 is marked, or item 23 show
SPITAL DR ATTENDING PHYSICIAN: The law req	VERAL DIRECTOR; After this certificate has been in 72 hours after death with the State Deet of M	VT: if Item 28 is marked, or item 23 show
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the same death. Page 6 may be retained by the HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the same death.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and cumpately filled in by the tuneral director. In the first within 20 hours after duesh with the State heart of Health and Merial Hydiers prior to burial, committen, or minimals.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be neithfulful one

- STATE REGISTRAR	SIMIL OF MARTILE	AND / DEPART	MENI UF I	ILALIII AIID	MENTAL HYGIEN	L		
1. DECEDENT'S NAME (First, Middle, Last)	D A ALIZ	CERTIFIC	-		REG. NO		3. TIME OF DEATH	
4. SOCIAL SECURITY NUMBER		n yrs. lest birthday)	DWARDS IF UNDER 1 YEAR HONTHS DAYS	JR .  IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH	0.7.7	BIRTHPLACE (State or For	
224-44-2786  98. FACILITY NAME (If not institution, give s			OR LOCATION OF D	DEMONTH 102 CONT	90. COUNTY	IRGINIA		
Union Memorial Hospital Baltimore City								
ARYLAND	10c. CITY,	TOWN OR LOCA	TION			10d. INSIDE CITY LIMITS? 1 YES 2 :	NO	
3809 FORDLEIGH	ROAD		10	21215		U. S. A.		
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	U.S. ARMED 2 NO NTES	MED 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yea or No. 14, RACE Ameri					ń,	
15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		16a. DECEDENT'S U (Give kind of wo life. Do NOT use	ork done during m retired.)	ON OSE OF WORKING	16b. KIND OF BU	SINESS/INDUST	TRY	
17. FATHER'S NAME (First, Middle, Last) ROY B. EDWARDS	SR.		771102		AME (First, Middle, Maider			
ROY D. EDWARDS		196. MAILING A			Poute Number, City or Tov		MD 2121	5
8a. METNOD OF DISPOSITION   X Burlal 2	oval from State	PLACE OF DISPOSIT	TION (Name of co		0	HMOND,	1.4	Α
21. SIGNATURE OF FUNERAL SERVICE LIC	GENSEE 9 Missin	s In	22. NAME A	ND ADDRESS OF FA		Jonn 82	Well S	F
23. PART I. Enter the diseases, or ahock, or heart failure.  IMMEDIATE CAUSE (Finel	List only one cause on ea	ach iina.		ode of dying, aud	ch ea cardiac or reap	iratory arrest,	Approxima	
disease or condition resulting in death)	Multiple	stab wou	ınds				Onset and	
	DUF TO (OR AS A	CONSEQUENCE OF					Onset and	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	bDUE TO (OR AS A	CONSEQUENCE OF)  CONSEQUENCE OF)	:				Onset and	
Sequentially flat conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa reaulting in death) LAST	b	CONSEQUENCE OF)	:	ng ceuse given in		RMED?	24b. WERE AUTOPSY FI AMAILABLE PRIOR COMPLETION OF C OF DEATH?	NDINGS FO AUSE
Sequentially flat conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa reaulting in dasth) LAST	b	CONSEQUENCE OF)	the undarlyle	PLACE OF DEATN (C.	PERFO 1 YES XXX	RMED?	24b. WERE AUTOPSY FI AMAILABLE PRIOR COMPLETION OF C OF DEATH?	NDINGS FO AUSE
Sequentially flat conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other eignificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?	DUE TO (OR AS A  c. DUE TO (OR AS A  d	CONSEQUENCE OF)  CONSEQUENCE OF)  ut not resulting in  settlent 3 □ DOA □ DOA □ INAU  11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	the underlyle  26. F  OTHER:  OF 26. IN  RX  1 □	PLACE OF DEATN (Come 5 - Residence JURY AT ORK? YES X X NO	heck only one)  6 Other (Specify)  28d. DESCRIBE NOW Subject S	RMED? 2 NO INJURY OCCURI	24b. WERE AUTOPSY FII AMAILABLE PRIOR COMPLETION OF C OF DEATH?  1	NDINGS FO AUSE
Sequentially flat conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa reaulting in daeth) LAST  PART II. Other algnificant condition  23. WAS CASE REFERRED TO MEDICAL EXAMINER?  X X Y S S ONO  27. MANNER OF DEATN  1 Netural 8 Pending	b	consequence of)  consequence of)  ut not resulting in  settemt 3 □ DOA  28b. Time 1 1 1.NJ  — At home, farm, st	the underlyle  26. F  OTHER:  OF 26. IN  RX  1 □	PLACE OF DEATN (Come 5 - Residence JURY AT ORK? YES X X NO	heck only one)  6 Other (Specify)  28d. DESCRIBE NOW Subject to Carro (Street, City or Town, State	RMED? 2 NO INJURY OCCURITED BE A BOOK Number or F	24b. WERE AUTOPSY FII AMAILABLE PRIOR COMPLETION OF C OF DEATH?  1	Death  NDINGS TO AUSE
Sequentially flat conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other eignificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  X KINES 2 NO  27. MANNER OF DEATN  1 Netural 8 Pending investigation 3 Suicide 1 Could not be determined conditions.	DUE TO (OR AS A  C.  DUE TO (OR AS A  d.  HOSPITAL: 1   Inpetion 2: X38/Outp  288. PLACE OF INJURY  289. PLACE OF INJURY	consequence of)  consequence of)  ut not resulting in  settlent 3 DOA  28b. Time 11 1.37  — At home, farm, at Bar	26. F OTHER: 4   Nursing Hot OF 20c. IN RY 1   1	PLACE OF DEATN (Come 5 Residence JORY? YES X X NO	heck only one)  6 Other (Specify)  28d. DESCRIBE NOW Subject S  28f. LOCATION (Street City or Town, Steet 1924 N.  a to the cause(s) and mi	INJURY OCCURITED BE OF THE STAT	24b. WERE AUTOPSY FI AMAILABLE PRIOR COMPLETION OF C OF DEATH? 1 X X X YES 2 N	Death  NDINGS  TO AUSE

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111 Penn Street, baltimore, MD 21201

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TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 agrieved by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fundal director, page 5 should be detache		IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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OR /	JIRE	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	E
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	FOR 1 - STATE	STATE OF MAI	RYLAND / DEPAR	RTMENT OF I		MENTAL HYG		90 01680	
	REGISTRAR  1. DECEDENT'S NAME (First, Middle, Last, Chil	REG.	Н	year 0 m					
	4. SOCIAL SECURITY NUMBER 212-58-7075	5. SEX 6.	AGE (In yrs. lest birthday) 38 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH		BIRTHPLACE (State or Foreign Country) Md	
NR.	9a. FACILITY NAME (If not institution, give			96. CITY, TOWN OR LOCATION OF DEATH Baltimore			9c. COUNTY OF DEATH		
DIRECTOR	RESIDENCE OF DECEDENT  10e. STATE  10b. COUN	TY		CITY, TOWN OR LOCATION				10d. INSIDE CITY	
	Md 100. STREET AND NUMBER	Baltimore	101. ZIP CODE			1 A YES 2 □ NO N OF WHAT COUNTRY?			
FUNERAL	4504 Penhurs	21215  13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify V			y Yea or No- 14	Yea or No— 14. RACE — American Indian, Black, White, etc.			
ВУ	1 Never Merried 2 Merried 3 Wildowed 4 Divorced	If yes, specify Cuben, Maxicen, Puerto Ricen, etc.,  1 YES 2 NO Specify:			specify: Black				
COMPLETED	15. DECEDENT'S EO (Specify only highest grad Elementary/Secondary (0-12)	UCATION le completed) Collège (1-4 or 5+)		S USUAL OCCUPATI work done during in use retired.)		16b. KIND O	BUSINESS/INDUS	STAY	
BE COM	17. FATHER'S NAME (First, Middle, Last) Chive Froneberg	ger , Jr			18. MOTHER'S NAME (First, Middle, Melden Surneme)  Evelyn Robinson				
TO	196. INFORMANT'S NAME (Type/Print) Evelyn Milligar		ADDRESS (Street and Number or Aural Aoute Number, City or Yown, State, Zip Code) Penhurst Avenue Baltimore, Md 2121						
	20a, METHOD OF DISPOSITION  1	Cemeter	20	20c. LOCATION — City or Town, State Baltimore, Md					
	21. SIGNATURE OF FUNDAL SERVICE USE THE SERVIC								
	23. PART I. Enter the diseases, property in the part failure immediate property in the part failure disease or condition resulting in death)	_	ods of dying, suc	h as cerdiac or i	eapiretory arrea	Approximate interval Batween Onset and Death			
z		HYPE	AS A CONSEQUENCE OF	N			-	2 4 EARS	
CATIO	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury		AS A CONSEQUENCE OF		24 GAZI				
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  C. NETROVINAL INFECTION  OUE TO (OR AS A CONSEQUENCE OF):  d. DISSEMINATED MYCOSACE RIAL INFECTION  G. NETROVINAL  OF TO CONSEQUENCE OF):								
MEDICAL	PART II. Other algorificant condition  MALNUTTUT	in ths underlylr	ng cause given in	PE	S AN AUTOPSY RFORMED? ES 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?  1 YES 2 NO			
HYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	LACE OF DEATH (C)				
PHYS	1 U YES 2 NO 27. MANNER OF DEATH	1 Inpetient 2 El		ME OF 28c, IN	ng Home 5 Residence 5 □ Other (Specify)  18c. INJURY AT 26d. DESCRIBE HOW INJURY OCCUREO WORK?			REO	
ED BY	2 Accident Investigation 3 Suicide 220 PLACE OF INJURY — At home, farm, street, fi				M 1 YES 2 NO 251. LOCATION (Street a			and Number or Rural Route Number,	
LETE	4 Homicide building, stc. (Specify)  2ea. CERTIFIER (Check only)  Certifier PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.								
COMPLET	one) 2 MEDICAL EXAMIN	IER: On the basis of exam			death occured at the	a time, data and place		cause(s) and manner as stated.	
TO BE	206. SIGNATURE AND TITLE OF CERTIFIER  206. LICENSE NUMBER  D37841  206. DATE SIGNED (Month, Day, Year)  1/25/90								
-	30. NAME AND ADDRESS OF PERSON W	AMAGU	OF DEATH (ITEM 27) (TYP)	o, Print)	IONUME	INT SI	· SUIT	2 7400 n no 2/205	
	JAN 26 199	32 REGISTRAR'S	SIGNATURE PANDLESSE						

BALTIMORE, MARYLAND 2120

TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1 - FOR STATE REGISTRAR	STATE OF MARY	LAND / DEPARTI				GIENE G. NO.		
1. DECEDENT'S NAME (First, Middle, Lest)		-			2. DATE OF DE		3. TIME OF DEATH	
ROBERT	ROBERT Daniel FI				1 20 1990		90 4:34 PM	
4. SOCIAL SECURITY NUMBER		(In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7, DATE OF BIR		6. BIRTHPLACE (State or Foreign	
213 20 7797	1 x M 2 □ F 66	YRS.	ONTHS DAYS	HOURS MIN.	10 2	9 23	Md.	
9a. FACILITY NAME (If not institution, give st	reet end number)	9	b. CITY, TOWN C	R LOCATION OF DE	ATH	9c. COUNT	TY OF DEATH	
1501 Druid Hill A	lve.		Baltimore					
RESIDENCE OF DECEDENT  10e. STATE 10b. COUNTY	<del></del>	10c CITY	TOWN OR LOCAT	TON			10d. INSIDE CITY	
Md.			ltimor				LIMITS?	
100, STREET AND NUMBER		1 2003		. ZIP CODE		10g, CITIZ	EN OF WHAT COUNTRY?	
1501 Druid Hil	1 Attenue			21217	,		.S.A.	
11. MARITAL STATUS	12. WAS DECEDENT EVER	IN U.S. ARMED	13. WAS DEC	ENDENT OF HISPAN			14. RACE — American Indian.	
1 Never Married 2 Married	2 X NO	If yes, sp	2 NO Specifi	in, Puerto Rican, e		Black, White, atc.		
3 Widowed 4 Divorced	IF YES, GIVE WAR OR	DATES	1 1 723	2 [440 Specify	y.		Specify: Black	
15. DECEDENT'S EDUC (Specify only highest grade	ATION completed)	16a. DECEDENT'S US	SUAL OCCUPATION TO THE MENT OF	ON et of working	16b. KIND	OF BUSINESS/INDU	ISTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)	Iffe. Do NOT use i	retired.)	1	TI.	ospital		
		U,	rder	Y	111	Ospitai	•	
17. FATHER'S NAME (First, Middle, Last) UNK				16. MOTHER'S NA	ME (First, Middle, la	Maiden Surmagne) Frazler		
19a. INFORMANT'S NAME (Type/Print) Maria Ann Holm	es	196 MAJUNG A	DORESS (Street o	nd Number or Rurel	Balto.	or Town State Zip (	21220	
20a. METHOD OF DISPOSITION  M_Maurial 2 Cremation 3 Remo	oval from State	other place of disposit	Name of cer			20c. LOCATION — C Balt	ity or Town, State	
21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE		22. NAME AN	ID ADDRESS OF FA	CILITY			
> James a.	must			es A. N				
23. PART I. Enter the diseases, or o							o., Md. 2121	
ahock, or heart feilure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate	Hypertensi DUE TO (OR AS			r diseas	e		Interval Between Onset and Daeth	
cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST	DUE TO (OR AS	A CONSEQUENCE OF):						
PART II. Other algorificant condition Diabetes melli	ew .	but not resulting in	the underlyin	g cause given in	· ·	WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE	
						YES 2 KNO	OF DEATH?	
					I:	nspectio	1 Tes 2 No	
25. WAS CASE REFERRED TO MEDICAL			26. PI	LACE OF DEATH (CA	neck only one)		1	
EXAMINER?  1 X YES 2 NO	HOSPITAL:		OTHER:	ne 5% Raeldenca		-thu)		
27. MANNER OF DEATH	28a. DATE OF INJURY	28b. TIME	DF 28c. IN.	IURY AT		HDW INJURY OCC	URED	
1 Natural 5 Pending	(Month, Day, Year)		RY WO	YES 2 NO				
2 Accident investigation 3 Suicide 6 Could not be determined	28e. PLACE OF INJUI building, etc. (Sc	RY — At home, farm, str	reet, factory, offic	•	28t. LOCATION City or Town		or Rural Route Number,	
290. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the best of my kno	wiedge, death occurred	at the time date	end place, and due	to the causeles	end menner as state	ed.	
conton only							cause(a) end menner ee stated.	
296 SIGNATURE AND YOUR OF CERTIFIES	V			29c. LICENSE NU	MBER	29d. DATE	SIGNED (Month, Day, Year)	
Relot Here	my			OCME		▶ 1.	-21-90	
Frank J. Peretti		DEATH (ITEM 27) (Type, F		Dann St	Balta	., MD 2		
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG	SNATURE	111.	reini St.	Darto	· PU Z	TZUI	
JAN 2 6 1990	Like Davidson	-pandall						

DHMH-16 Rev 1/89

BALTIMORE, MARYLAND 21203-3146

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 35 mouns after death. Page 6 may be retained by the TO THE FLINERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be determed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at one

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STATE OF MARYLAND	/ DEPARTMENT	OF HEALTH AND	<b>MENTAL HYGIENE</b>
	ERTIFICATE	OF DEATH	REG. NO.

	REGISTRAR		CERTIFI	CATE OF	DEATH	REG. N	0.		
3	1. DECEOENT'S NAME (First, Middle, Last)	1 Fr. 0				2. DATE OF DEATH MONTH		3. TIME OF DEATH	
		hn Fifer				1	23 199		
	4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE (In y	s. lest birthday) YRS.	IF UNDER 1 YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 12-30-1		BIRTHPLACE (State or Foreign Country) Marvland	
- I	9a. FACILITY NAME (If not institution, give street and number)			Oh CITY TOWN!	DE LOCATION OF DE			Manager and the second	
FUNERAL DIRECTOR	13 B Preston Street			96. COUNTY OF DEATH  Baltimore  9c. COUNTY OF DEATH					
ל ל	RESIDENCE OF DECEDENT								
뿐	10a. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOCAT	ION			10d. INSIDE CITY LIMITS?	
<u> </u>	Maryland =====		E	altimor	е			1 X YES 2 NO	
₹	10e. STREET AND NUMBER			101	ZIP CODE		10g. CITIZE	N OF WHAT COUNTRY?	
5	13 B Preston Stre	eet			21202		U.	S.A.	
5		S DECEDENT EVER IN U.		13. WAS DEC	ENDENT OF HISPAN	IC ORIGIN? (Specify	Yes or No- 14	I. RACE American Indian, Black, White, etc.	
BA		ES, GIVE WAR OR DATE			2 NO Spec//	n, Puerto Rican, etc.)		Specify: White	
8	15. DECEDENT'S EDUCATION (Specify only highest grade complete	d) 16	e. DECEDENT'S t	ISUAL OCCUPATE	ON et of working	16b. KIND OF I	USINESS/INDUS		
COMPLETED		e (1-4 or 5+)	ille. Do NOT use retired.)						
MP	10th Grade	Hair	dresser						
8	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Maid	en Sumame)		
H	Joseph J.	Fifer Sr.			Ruth	E. We	aver		
2	19a. INFORMANT'S NAME (Type/Print)		19b. MAILINO	ADDRESS (Street a	nd Number or Rural I	Route Number, City or 1	own, State, Zip Co	ode)	
٦	Tammy Thomas		7743	Meadow	Road Pa	asadena.	Marylan	d 21122	
	20a. METHOO OF DISPOSITION 1 XBurtal 2 Cremation 3 Removal from	20b. Pl			netery, cremetory or			y or Town, State	
	4 Donation 5 Other (Specify)	G	len Hav	en Memo	rial Pari	k Gl	en Burn	ie, Maryland	
	21. SIONATURE OF FUNERAL SERVICE LICENSEE	7/1/	7		ADDRESS OF FA				
	C. Kukan	XL	an so				-	Ma 21225	
	23. PART I. Enter the diseases, or complications that coused the death. Do not enter the mode of dying, such as cardiac or respiratory streat,   Approximate								
- 1	ahock, Dr heert fellure. List only one cause on each line.								
	IMMEDIATE CAUSE (Final disease or condition ACQUIRED IMMUNE DESCRIBING SYNDODUE Disease and Death								
H	Total III County							ruc .	
_	DUE TO (OR AS A CONSEQUENCE OF):								
CERTIFICATION	Sequentially list conditions,  DUE TO (OR AS A CONSEQUENCE OF):								
¥ I	If any, leading to immediate ceuse. Enter UNDERLYING								
은 [	CAUSE (Disease or injury C.								
	that initiated events reculting in death) LAST								
	d								
	PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PROPRIED?								
EDICAL	COLITIS ( to	DS FUTTY	to PAT	/_		1 □ YES		COMPLETION DF CAUSE OF DEATH?	
	DESSIMINATE	D CMV	THE	न्त्राक			7	1 VES 2 NO	
Σ									
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			26. P	ACE OF DEATH (Ch	eck only one)			
S		PITAL: petient 2 ER/Outpetie	ent 3 🗆 DOA	OTHER:	e 5 🗆 Besidence	6 Other (Specify)			
主		a. DATE OF INJURY	26b. TIME	OF 28c. IN.	URY AT	28d. DESCRIBE HO	W INJURY OCCU	RED	
	1 Netural 5 Pending	(Month, Day, Year)	INJU		YES 2 NO				
à	Accident Investigation				•	281, LOCATION (Stre	et and Number o	Pural Route Number	
COMPLETED	3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify)  28e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, Street and Number or Rural Route Number, City or Town, State)								
9	290. CERTIFIER								
テ	(Check only one)  1 CERTIFYINO PHYSICIAN: To MEDICAL EXAMINER: On the								
8		o desig of azammetron en	Dor investigation	i, in my opinion, i	learn occured at the	time, data and place,	and due to the	couse(s) and manner as stated.	
BE	29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUI	MBER	29d. DATE S	BIONED (Munth, day, Year)	
2	77,000	Menny /	0.0		12	907		124190	
-	30. NAME AND ADDRESS OF PERSON WHO COME	LETED CAUSE OF DEATH	(ITEM 27) (3-9)	Print)	1004	1/AOS-	- XI-N	106 001000	
	31. DATE FILED (Month, Dey, Year)	. REGISTRAR'S SIGNATE	105	200 H	NWO OC	1 (	P	THE MAN TO	
	JAN 2 6 1990 Sale	Tavidson-Rand	02						

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	OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mours	IRECTOR: After this certificate has been signed by the attending physician and completely filled in tours after death with the State Dept. of Health and Merital Hygiene prior to burial, cremation, or res
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REGISTRAR						DEATH		REG. NO.			3/3/8033
1. DECEOENT'S NAME (First, Middle, Last) JUDY				GA	GAYLE			TE OF DEATH 04 -21-90	NY Y	EAD	11:00AM M
4. SOCIAL SECURITY NUMBER 216 78 4813	5. SEX 6.	XE 30 YOS MONTHS DAYS HOURS MIN. (Month, Day, Year) Count						BIRTHP Country)			
1508 Pennsylvani	9a. FACILITY NAME (If not institution, give atmet end number) 1508 Pennsylvania Avenue					imore Ci			9c. COUNTY	OF DE	ATH
Part No.				Y, TOWN O						- 1	10d. INSIDE CITY LIMITS? 1 NO NO
10a. STREET AND NUMBER  1041 W. Lanval  11. MARITAL STATUS	e St.				101	ZIP CODE 21217			10g. CITIZE		S.A.
3 Widowed 4 Olvorced	12. WAS DECEDENT E FORCES? 1 I IF YES, GIVE WAR	VER IN U.S.AF YES 2 1 OR DATES	MED NO	- 1	yes, sp	ENDENT OF HISPA selfy Cuben, Mexic 2 100 Speci	en, Puer			Black, Specify Bla	- American Indian, White, atc.
15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		(G	CEDENT'S live kind of Do NOT u Nurs	se retired.)	CUPATIO	N at of working		Healt		TRY	
17. FATHER'S NAME (First, Middle, Last) Freeman	Gayle					16. MOTHER'S N	AME (Ell's	at, Middle, Melden	MaTon	е	
Mrs. Clid John		19	b. MAILING	N .	At.	nd Number of Aural	Route N	Balto.	n, State, Zip Co Md	<sup>&gt;de)</sup> 21	229
20. METHOD OF DISPOSITION PS Burlel 2 Cremetion 3 Rem 4 Donation 6 Other (Specify)		20b. PLACE other pi	of dispo	Ca.	lva				cation — ch alto.		
21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE MO	rton	V	J	ame	o ADDRESS OF FA S A. Mo Laurer	orto			, N	nd. 21217
immediate cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	disease or condition resulting in death)										
PART II. Other significant condition	PART II. Other significant conditions contributing to death but not resulting					g ceuse given in	Part I	24a. WAS AN PERFOR	RMEO?		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DE CAUSE DE DEATHY
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 XX ES 2 \( \text{D NO} \)  27. MANNER OF DEATH	HOSPITAL:			OTHER	3:	ACE OF OEATH (C		_	COL	ATE	
III 1 Natural 3 Pending	28a. DATE OF IN	JURY	28b. Til		28c. INJ	e 8 Residence URY AT RK? rES 2 NO	28d.	nher (Specify)  DESCRIBE HOW I  LD JECT S		RED	
3 Suicide 8 Could not be	2 Se. PLACE OF INJURY — At home, farm, street, fectory, office 26f. LOCATION (Street end Number or Rural Route Number,										
Basement hallway 1508 Pennsylvand  29a. CERTIFIER (Check only one)  MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and due to the cause(e) and due to the cause(e) and due to the cause(e) and due to the cause(e) and due to the cause(e).											
296. SIGNATURE AND TITLE OF CERTIFIE	1		/	1	periodity t	29c. LICENSE NU		arro prace, ar		SIGNED (	(Month, Day, Year)
30. NAME AND ADDRESS OF PERSON WARIO F. GOLLE.		OF SEATH (ITE	EM 27) (1/p)	e, <i>Print</i> )	Per	n Stree	t,Ba	altimore	e,MD 2	1201	l vc
31. DATE FILED (Month, Day, Year)	32. REGISTRAR	S SIGNATURE							<del>-</del>		

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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	ne de	the a	Men	P
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0	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page (st	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be not
	SPIT	VERA	hin 7	1
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32. REGISTRAR'S SIGNATURE
Seydson-Randell

	FOR STATE 0	F MARYLAND / DEPARTM		MENTAL HYGIEN	E	90 01681
	REGISTRAR	CERTIFIC	ATE OF DEATH	REG. NO		
		rald Grad	4	2. DATE OF DEATH	3- 90	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 5. SEX 20-42-5949 1 X M 2	F 47 YRS. MC	UNDER 1 YEAR IF UNDER 24 HRS.  DAYS HOURS MIN.	7. DATE OF BIRTH (Mostly, Day, Year)	42 1	naryland
TOR	90. FACILITY NAME (If not institution, give street and number  Deaton Hospital+Me  RESIDENCE OF DECEMENT	dical Center 1	Bullimore	АТН	City	OF DEATH!
DIRECTOR	10e. STATE 10b. COUNTY Maryland =====		rown or Location altimore			10d. INSIDE CITY LIMITS? 1 X YES 2 NO
FUNERAL	603 S. Monroe Street		10f. ZIP CODE 21223		100	of what country?
BY FUN	1 Never Merried 2 Merried FORCES?	DENT EVER IN U.S. ARMED  1 💢 YES 2 🗆 NO  VE WAR OR DATES  t Na.m	13. WAS DECENDENT OF HISPAN If yes, specify Cuben, Mexice 1 — YES 2 X NO Specify	n, Puerto Rican, etc.)		RACE — American Indian, Black, White, etc. Specify:
ED	15. DECEDENT'S EDUCATION	164. DECEDENT'S US	UAL OCCUPATION	16b. KIND OF BU	SINESS/INDUSTI	
COMPLET	(Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 of	or 5+) Ilfe. Do NOT use n	k done during most of working elired.)  echanic	Fire	stone	
Ö	17. FATHER'S NAME (First, Middle, Last)		16. MOTHER'S NA	ME (First, Middle, Melden	Surneme)	
BE (	Charles C. Gray		Almer	etta T.	Tyson	
10	190. INFORMANT'S NAME (Type/Print)		ODRESS (Street and Number or Rural I			· .
	Dorothy Joann Gray		Monroe Street			
	20a. METHOD OF DISPOSITION  1 Burlel 2 Cremetton 3 Removal from State	other place)	ION (Name of cemetery, cremetory or		CATION — City	The state of the s
	4 Donation 6 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICENSEE	Loudon Pa	ark Crematory  122. NAME AND ADDRESS OF FA		Ltimore	, Maryland
	Dona MBram	irouski	George J. Gor 4001 Ritchie	ce Funeral		
	23. PART I. Enter the diseases, or complications shock, or heart failure. List only one	that caused the death. Do not				
	IMMEDIATE CAUSE (Final	Tumor - A:	strontoma			Onset and Death
_	000	E TO (OR AS A CONSEQUENCE OF):	0			0
CERTIFICATION	cause. Enter UNDERLYING	E TO (OR AS A CONSEQUENCE OF):				
RTIFI	CAUSE (Disease or Injury that Initiated events resulting in death) LAST	E TO (OR AS A CONSEQUENCE OF):				
2	PART II. Other aignificent conditions contribution	n to death but not reculting in	the underlying series glynn in	Boot I Or uno se	Auroney	24b. WERE AUTOPSY FINDINGS
MEDICAL	decubitus ulcas	y to death but not resulting in	the underlying cause given it	PERFOI	RMED?	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
AN:	25. WAS CASE REFERRED TO MEDICAL					
C	EXAMINER? HOSPITAL		26. PLACE OF DEATH (Ch			
PHYSICIAN:		2 ER/Outpatient 3 DOA 4 E OF INJURY 28b, TIME (	Nursing Home 5 Residence  OF 28c, INJURY AT	8 Other (Specify) 28d. DESCRIBE HOW	NJURY OCCURE	in and a second
	1 Natural 5 Pending	ith, Day, Year) INJUR				-
TED BY	3 Suicide 28e. PLA	CE OF INJURY — At home, farm, stre ding, etc. (Specify)	eet, fectory, office	281. LOCATION (Street City or Town, State	and Number or R	ural Route Number,
COMPLETED	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the beals	et of my knowledge, death occurred of examination end/or investigation,				use(e) end manner se stated.
E C	295. SIGNATURE AND TITLE OF CERTIFIER		29c. LICENSE NUI	MBER	29d. DATE SIG	NED (Month, Day, Year)
0	Timoth Kear	This.	037	458	D 1/	23/90
2	30. NAME AND ADDRESS CHUPENED WHO COMPLETE	CAUSE OF DEATH (ITEM 27) (Type, P.	rint)			7 -

BALTIMORE, MARYLAND 21203-3146 after death. Page 6 may be retained by the hospital or attending physician.

In by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should

examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 13146;
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and chmplete, fill be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunial, cremator, IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the

	FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.	
1	1. DECEDENT'S NAME (First, Middle, Last)  2. DATE OF DEATN	3. TIME OF DEATN
3	German, George DAY YEAR 90	11:58 9 M
	4. SOCIAL SECURITY NÚMBER V 8. SEX 6. AGE (In yrs. last birthday) if UNDER 1 YEAR if UNDER 24 HIRS. 7. DATE OF BIRTYN 8. BIRTY	HPLACE (State or Foreign
	2)3-07-0840 1 M2 = 85 YRS. MONTHS DAYS HOURS MIN. (Month, Day, Year) Cour. 1/9/05 MA	RYLAND
	9a. FACILITY NAME (If not institution, give street end number)  9b. CITY, TOWN OR LOCATION OF DEATN  9c. COUNTY OF	DEATN
E C	FRANCIS SCOTT KEY HOSPITAL Baltinore	
DIRECTOR	RESIDENCE OF DECEDENT	
뿔	total of the control	10d, INSIDE CITY LIMITS?
	MD Balt, City Balt, more	1 YES 2 NO
RA	101. ZIP CODE 109. CITIZEN OF	WHAT COUNTRY?
FUNERAL		
J.	1 Never Married 2 Married FORCES? 1 YES 2 NO If yes, specify Cuben, Maxican, Puerto Rican, etc.)	CE — American Indian, ck, Whita, etc.
B	3 Wildowed 4 Divorced IF YES, GIVE WAR OR DATES 1 YES 2 NO Specify: Spe	(1) le 1/0
0	15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY	01,10
L	(Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5 +)  (Give kind of work done during most of working life. Do NOT use retired.)	
COMPL	Beth. Steel	
ő	17. FATHER'S NAME (First, Middle, Last)  16. MOTNER'S NAME (First, Middle, Maiden Surname)	
BE (	WILLIAM HENRY GERMAN MARY VIRGINIA ENOS	
	19a. INFORMANT'S NAME (Type/Print)  19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)	
2	CATHERINE GERMAN (spouse) 7526 Berkshire Rd., Baltimore, Md. 212	224
	20s. METNOD OF DISPOSITION  20b. PLACE OF DISPOSITION (Name of cometery, crematory or other place)  20c. LOCATION — City or other place)	Town, State
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 2 22. NAME AND ADDRESS OF FACILITY	
	21. SIGNATURE OF FUNERAL SETTINGE LICENSEE 1-25-40 22. NAME AND ADDRESS OF FACILITY	
	state anatomy Board, Balto., A	4D. 21201
- 1	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiretory arrest,	Approximata
	shock, or heert failure. List only one ceuse on each line.  IMMEDIATE CAUSE (Final	Onest and Death
	disease or condition resulting in death)  a. Septic Shock  Due TO (OR AS A CONSEQUENCE OF):	240
	DUE TO (OR AS A CONSEQUENCE OF):	
Z	Sequentially list conditions,  Due to (or As a consequence of):	
۱Ĕ۱	ii orij, iaaoriig to minisolato	
[일	CAUSE (Disease or Injury  DUE TO (OR AS A CONSEQUENCE OF):	
	that initiated events resulting in death) LAST	
CERTIFICATION	d	
CAL	PERFORMENT	Ib. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
	metastatic prototic CA	COMPLETION OF CAUSE OF DEATH?
MED		1 YES 2 NO
ä		
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? LOSPITAL: 28. PLACE OF DEATH (Check only one)	
SIC	HOSPITAL: 1   Input lent 2   ER/Outpetlent 3   DOA   4   Nursing Name 5   Residence 8   Other (Specify)	
РНУ	27. MANNER OF DEATN 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED INJURY	
BY	1 Netural 5 Pending 2 Accident Investigation  M 1 YES 2 NO	
ED	3 Suicide 8 Could not be 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rura City or Town, State)	I Route Number,
ETE	4 Homicide datermined	
	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated.	
COMP	one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause	(a) and manner as stated.
ш	29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNI	ED (Month, Day, Year)
00	Janet Vittorie mp Caret Vittas mes 1 D25203 11/2	2/91
5	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type Flint)	
	Janet Vittone / FSK Carpor	
	JAN 2 6 1990 full Devider American	
	JAN 26 1990 Julie Sevidson-Asnows	

should be detached for use as the burial-transit permit. Pages 1, 2, 3 should etained by the hospital or attending physician. MARYLAND 21203-3146 TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a cours after deat TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fun be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or rempyal. IMPORTANT: If them 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examples. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

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	FOR STATE REGISTRAR	STATE OF MAR	YLAND / DEPAR CERTIF	TMENT OF H	EALTH AND N		HYGIENI	E		
1	1. DECEDENT'S NAME (First, Middle, Lext)					2. DATE OF MONTH	DA	Y YE	3. TIME OF DE	ATH
	A. SOCIAL SECURITY NUMBER 5.		GE (In yrs. lest birthday)	HUDS IF UNDER 1 YEAR	ON IF UNDER 24 HRS.	1-21	L-90	1	9:59 BIRTHPLACE (State or	
		Ø M 2 □ F	23 YRS.	MONTHS DAYS HOURS MIN. $1-29-66$				FRANCE	roreign	
TOR	FRANCIS SCOTT KEY	2.1.27		BALTIMORE CITY			9c. COUNTY	OF DEATH		
рівестов	10e. STATE 10b. COUNTY  MD			, town or locate $TIMORE$					10d. INSIDE CIT LIMITS? JOZT YES 2	
FUNERAL	100. STREET AND NUMBER  114 HONEYSUCKE	101. ZIP CODE 2 1 2 2 2					OF WHAT COUNTRY	<b>)</b>		
B⊀		ER IN U.S. ARMED I'ES 2 DO IR DATES	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No— If yes, specify Cuban, Mexican, Puerto Rican, etc.)  1  YES 2 NO Specify:			or No- 14.	RACE — American Ins Black, White, atc. Specify:			
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade cor Elementary/Secondary (0-12) 12th Grade	USUAL OCCUPATION work done during most of working se retired.)  16b. KIND OF BUS  M&M A U			SINESS/INOUSTRY					
OM	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NAM	AE (First, Midd	de, Maiden :	Surname)		
BEC		SON			ALICE			Spend		
5	198. INFORMANT'S NAME (Type/Print)  Alice Spencer  1702 WINDEMERE AVENU									
	20s. METHOD OF DISPOSITION  ↑ Burlet 2 □ Cremetion 3 □ Remova  4 □ Donetion 5 □ Other (Specify)	l from Stata	20b. PLACE OF DISPOS other place) BALTIMO				1	CATION — CHY $TIMOR$		
	21. SIGNATURE OF FUNERAL SERVICE LICEN	SEE	)	22. NAME A	ND ADDRESS OF FAC					
	23. PART I. Enter the diseases, or con ahock, or heart failure. Lis iMMEDIATE CAUSE (Final disease or condition resulting in death)	MULTIPLE		OUNDS					Interval	
NOI	Sequentially list conditions, ff any, leading to immediate Due to (OR AS A CONSEQUENCE OF):									
ERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	F):								
PHYSICIAN: MEDICAL C	PART II. Other algnificant conditions of	contributing to dea	th but not resulting	in the underlyin	g cause given in		ta. WAS AN PERFOR	MED?	24b. WERE AUTOPSY AMAILABLE PRIC COMPLETION D OF DEATH?  XX YES 2	F CAUSE
MAI	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				LACE OF DEATH (Che	ock only one)				
YSIG	XIX YES 2 NO	OSPITAL:			ne 5 🗆 Residence					
ВУ РН	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	1 M24 Deg	9:1%	WC YRU	JURY AT DRK? YES XXIO		ect :	shot	ED	
	3 Suicide 6 Could not be 28t. L  28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify)				281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 1900 Block Harry Weise Ct.					
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIA EXAMINER:					Saltin	ore (	ther as stated.	Maryland	
B	196 SIGNATURE AND TITLE OF CHRYSFIGH	QL A	N		29c. LICENSE NUN	IBER			GNED (Month, Day, Yell -22-90	ur)
2	30. NAME AND ADDRESS OF PERSON WHO O	COMPLETED CAUSE OF R., MD			Street,Ba	altimo	re,M	2120	1	VC
	31. DATE FUNDING 1990	A BENEVINO	YO 1 60							-

notified at once.

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 22 mours after death. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral life be filed within 72 hours after death with the State Dept. of Health and Mental Hyghene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner.

	FOR 1 - STATE REGISTRAR	STATE OF MARY		TMENT OF H		MENTAL HYGIEN	E		
9	1. DECEDENT'S NAME (First, Middle, Last) Doris	Hurst				2. DATE OF DEATH MONTHIN 24PA	1990°A	3. TIME OF DEATH M	
	220 18 6018	1 🗌 M 2 🍱 F	(In yrs. leet birthday) 63 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day Year) Aug 6 192	6 Ta	RTHPLACE (State or Foreign with) Loot Co., Md.	
LOR	98. FACILITY NAME (If not institution, give stre 1602 Gail Rd.	et and number)		Esse	R LOCATION OF DE	ATH	Balt	imore Co.	
FUNERAL DIRECTOR	10a. STATE 10b. COUNTY Maryland Balt:	more	10c, CITY	Essex	ION		10d. INSIDE CITY LIMITS? 1  YES 2 M NO		
BAL	1602 Gail Rd.				ZIP CODE 21 221		10g. CITIZEN OF WHAT COUNTRY?		
BY FUNE		12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR	2 NO NO	ED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Ye					
COMPLETED	15. DECEDENT'S EDUC/ (Specify only highest grade of Elementary (Secondary (0-12)	ATION ompleted) College (1-4 or 5+)	(Give kind of v	ECCEDENT'S USUAL OCCUPATION  The kind of work done during most of working a. Do NOT use method.)  itch Board Operator  Telep					
BE COM	17. FATHER'S NAME (First, Middle, Lest) Cleveland F.	Christophe	r		18. MOTHER'S NA	Witby	Sumame)		
TO B	Edith Floyd, Daug	ghter				to., Md.	n, State, Zip Code 21221	)	
	20a. METHOD OF DISPOSITION 10 Burlal 2 Cremation 3 Remon 4 Donation 6 Other (Specify)	ount Oliv	et Cemet	ery	Bal	cation — city o timore			
	21. SIGNATURI OF FUNERAL SERVICE LICE	ufgen	ke	Br		i Funeral astern Ave			
CERTIFICATION	23. PART I. Enter the diseases, or conshock, or heart failure. L. IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)  Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST	A CONSEQUENCE OF	rosclero	/ -	liovescula		Approximete interval Between Onset and Death		
PHYSICIAN: MEDICAL CE	PART II. Other significent conditions  Out	but not resulting	Vi tuo			AUTOPSY IMED?	24b. WERE AUTOPSY FINDINGS ANAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO		
SICIAN		HOSPITAL:	ductions 2 DOA	OTHER:	ACE OF DEATH (Ch	eck only one)  6  Other (Specify)			
/ PHY	27. MANNER OF DEATH  1 Netural 5 Pending	29a. DATE OF INJURY (Month, Day, Year,	7 28b. TIM	E OF 28c. IN.		28d. DESCRIBE HOW I	NJURY OCCURE	D	
TED BY	2 Accident investigation 28s PLACE OF IN RIGHT At home form affined feedow office.						ural Route Number,		
COMPLETED	one)	IAN: To the best of my kind: On the basis of examinat						use(a) end manner ee stated,	
BE	29b. SIGNATURE AND TITLE OF CERTIFIES	overis Las	ners M	D.	29c. LICENSE NUI	13	D /-	NED (Month, Day, Year)	
2	30. NAME AND ADDRESS OF PARSON WHO	ESS, M.D.	DEATH (ITEM 27) (Type	OLD EA	STERN	AVE BA	1470.,0	ND. 2/221	
	31. DATE FILED (Morith, Day, Year)	32. REGISTRAN'S SK	Andell	<del>_</del>			/		

DHMH-16 Rev 1/89

12. REGISTRAR'S SIGNATURE

31. DATE FILED (Month, Day, Year)

JAN 26 1990

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be notified at once.

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2x hours after death. TO THE FUNERAL DIRECTIOR. After this certificate has been signed by the attending physician and completely filled in by the not be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical exa

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH
REG. NO.

	REGISTRAR	CERTIFIC	ATE OF DEATH	REG. NO.				
	1. OECEDENT'S NAME (First, Michigan Lost)  MARCELL'A	A. HOLSE	7	2. DATE OF OEATN DAY 23	YEAR OF DEATH M			
	4. SOCIAL SECURITY NUMBER   8. SEX   1   M 2	h	UNDER 1 YEAR IF UNDER 24 HRS.  NTHS DAYS HOURS MIN.		8. BIRTNPLACE (State or Foreign Country)			
_	9a. FACILITY NAME (If not institution, give street and numb	6	CITY, TOWN OR LOCATION OF DEAT		TY OF DEATH			
TO	Daltmore County	General Hosp	Randallstown					
DIRECTOR	106. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS?							
FUNERAL	3907 Glegarle, Ave		101. ZIP CODE 109. CITIZEN OF WHAT COUNTRY?					
BY FUN	1 Naver Married 2 W Married FORCES	CEOENT EVER IN U.S. ARMED 17 1 TYES 2 NO GIVE WAR OR DATES	13. WAS OECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— If yea, specify Cuban, Maxican, Puerto Rican, etc.)  1  YES 2 NO Specify:  12 YES 2 NO Specify:					
	15. OECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDENT'S USI (Give kind of work	done during most of working	16b. KIND OF BUSINESS/INDU				
COMPLETED	Elementary/Secondary (0-12) College (1-	4 or 5+) ille. Do NOT use re	tired.)	School S	ystem-Cu.			
	17. FATHER'S NAME (First, Middle Last)		18. MOTHER'S NAME	E (First, Middle, Maiden Surname)				
BE	190. INFORMANT'S NAME (Type/Print)	195, MAILING AD	DRESS (Street and Number or Rural Ro	Le DIACK- ute Number, City or Town, State, Zip	Code)			
2	Jeanette Wright	1614	Pentwood k	load Balto	Med			
	20a, NETHOD OF DISPOSITION 7  1 V Sturial 2 Cremation 3 Removal from the 4 Donation 5 Other phicoly	20b. PLACE OF DISPOSITION Offer place)	Ny Mem Pay	L Randa	ilstoun, My			
	21. SIGNATURE OF FUNDING SERVICE LICENSEE	ml	22, NAME AND ADDRESS OF FACH	H. West wash	Die			
CERTIFICATION	Approximate interval Between Ooset and Desth Office I and I							
. 1	PART II, Other algnificent conditions contribut	ing to death but not resulting in t	hs underlying cause given in P	art I. 24a. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO			
MEDICAL	Primary edline,	physems	uchopmuncu	1 X YES 2 NO	COMPLETION OF CAUSE OF DEATH?			
PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		26. PLACE OF DEATN (Chec	k only one)				
IYSI	1 VES 2 NO 1 Inpette	nt 2 ER/Outpetient 3 DOA 4	THER:  Nursing Home 5 Pesidence 6  F 28c. INJURY AT		40-0			
BY PF	1 Netural 5 Pending 2 Accident Investigation	fonth, Day, Year) INJUR	M 1 YES 2 NO	264. DESCRIBE NOW INJURY OCC	URED			
	3 Suicide 6 Could not be determined	LACE OF INJURY — At home, farm, streutiding, etc. (Specify)	et, lactory, office	281. LOCATION (Street and Number City or Town, State)	or Rural Route Number,			
COMPLETED	ene)	best of my knowledge, death occurred asset of examination and/or investigation,						
TO BE (	29b. SIGNATURE AND TITLE OF CERTIFIER	10 Shury Ca	LL TO 29c. LICENSE NUMBER	29d. DATE	SIGNED (Month, Day, Year)			
-	30. NAME AND ADDRESS OF PERSON WHO COMPLETE	ED CAUSE OF DEATH (ITEM 27) (TYPO, P	RAW DALLS:	NWN MD	21127			
	31. DATE FILED (Month, Day, Year)  JAN 26 1990 Fulia	GISTRAR'S SIGNATURE						

DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALTIMORE MARYLAND 21203-3146
TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24-mours after death. Page 6 mas be premised by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral diffector, the Samodid be detached for use as the burial-transit permit. Pages 1, 2, 3 should
be filed within 72 hours after death with the State Dept. of Health and Merital Hyglene prior to burial, cremation, or removal.
IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be nothed at once.

	1 - STATE REGISTRAR		CE	RTIFIC	CATE	OF	DEATH		REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)	1 3 7	A	7	HIGG	ז זו דר י	,		ATE OF OEATH	ž	90	3. TIME OF DEATH
	MAR 4. SOCIAL SECURITY NUMBER		ALLE AGE (In yrs. last	-11	IF UNDER	_	IF UNDER 24 HRS.	7 DA	TE OF BIRTH	,	A. BIRTH	IPI ACE (State or Foreign
	213-30-4909	1 🗆 M 2 🕠 F	5.4		ONTHS	DAYS	HOURS MIN.	(M	Ionth. Day. Year)	35	Countr	S. C.
1	9a. FACILITY NAME (If not institution, give atre	AUC	54		9b. CITY,	TOWN 0	R LOCATION OF DE		* * * * *		NTY OF D	
5	JOHNS HOPKINS	HOSPITAL	<u>r</u>		BAI	GTIN	MORE CI	TY				
Sincolon	10a. STATE 10b. COUNTY			10c. CITY,								10d. INSIDE CITY LIMITS?
	MD 100, STREET AND NUMBER			BAI	GTIN		CITY					1. DYES 2 NO
	0,000,000	117771117				101	21218			10g. CIT	US.	VHAT COUNTRY?
	2043 KENNEDY A	12. WAS DECEDENT E	VER IN U.S. ARI	MED	13. 1	MAS DEC	A I A I O  ENDENT OF HISPAN	VIC OR	IGIN? (Specify Yea	or No-		
פו רטויבהאב	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 [] IF YES, GIVE WAR	YES 2 N	0	l l	f yes, spe	city Cuban, Maxica 2XX NO Specify	n, Puei			Spec	E — American Indian, k, White, etc. ffy: BLACK
3	15. DECEDENT'S EDUCA (Specify only highest grade of	ATION omoleted)	16a. DE0	CEDENT'S U	SUAL OC	CUPATIO	N at of working		16b. KIND OF BUS	INESS/IN	DUSTRY	
	Elementary/Secondary (0-12)	College (1-4 or 5+)	illo.	Do NOT use	retired.)							
COMPLEIED	11th			HOME	MAKE	R	and Tourism	_	DOMES			
	17. FATHER'S NAME (First, Middle, Last)  ALLEN FOSTER								st, Middle, Meiden			
3	ALLEN FOSTER  19a. INFORMANT'S NAME (Typo/Print)		104	MAILING A	LOGRESS	(Street a	CLAR A		KINI		n Corde)	
2	ROOSEVELT HIGGINS	S	1 5 3 1				AVENUE/E				2121	18
	20a, METHOD OF DISPOSITION		20b. PLACE	OF DISPOSI			netery, cremetory or	DITE			City or To	
	1 X Burial 2 Cremation 3 Removed 4 Donation 5 Other (Specify)	/al from State	BALT]	MORE	CEM	ETER	RY.		BAL	TIMOF	RE. N	1D
Ы	21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE			22.1	NAME AN	D ADDRESS OF FA	CILITY				
	× 4000	1.70	( , ,		L/7	V C	MARCH	77	. H. 11	0 7 F	7. N	ORTH AVE.
PHYSICIAN: MEDICAL CERTIFICATION	shock, or heert feliure. L  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent conditions	OUE TO (O	A A CONSECUTION AS A CO	DUENCE OF				_	PERFOR	MED?	70n	Interval Between Onset and Death  Dea
3	25. WAS CASE REFERRED TO MEDICAL. EXAMINER?	HOSPITAL:			OTHER		ACE OF DEATH (Ch	neck on	ly one)			
2	1 TES 2 NO	1 Inpatient 2 1 E	R/Outpatient 3		4 🗌 Nun		e 5 🗆 Residence	·	Other (Specify) DESCRIBE HOW I	N'ILIBA UA	CCUBED	
	1 Natural 5 Pending	(Month, Day,		INJU	JRY M	WC	RK?	200.	DESCRIBE NOW I	njohr oc	COMED	
1   Accident   Accident   28s PLACE OF INJURY   At home form street factory office   28s LOCATION (Street and Number or Burel Boute Number								Route Number,				
COMPLEIED	(Ciriban anily	HAN: To the best of my										a) and manner as stated.
0 00	29b. SIGNATURE AND TITLE OF CERTIFIER	Ru	-cu	W			29c. LICENSE NUI	MBER 430	23	29d. DA	SIGNEI 24	Month, Day, Year)
-	M. Luner M.D.	1576	OF DEATH (ITE	F	(V)	, 54	ile#32		Balto,	MD		21222

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be inclined by it hospita	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 shows be detached it	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to build, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,

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	-	hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	them 98 to marked as them 92 shows any injury as other frammatic ment the median assemblas must be matified at another
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THOMAS C. 31. DATE FILED (Month, Day, Year)

20h SIGNATURE AND TITLE OF CERTIFIER

JAN 26 1990

30. NAME AND ADDRESS OF PERSON WNO COMPLETE

1 CERTIFYING PHYSICIAN: To the 2 MgDical EXAMINER: On the bes

TEATHER.

32. RE

29e. CERTIFIER

COMPLET

BE 2

90 01691 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH JANUARY 22, 1990 MAE HARRISON WILLIE 11:05 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) F UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year 8. BIRTNPLACE (State or Foreign MONTHS DAYS HOURS MIN. 1 M 2 N F 214-24-1931 YRS. VA 69 9a. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATN 9c. COUNTY OF DEATN DIRECTOR BALTIMORE CITY MARYLAND GENERAL HOSPITAL RESIDENCE OF DECEDENT BALTIMORE CITY 10a. STATE 10c. CITY, TOWN OR LOCATION 10d, INSIDE CITY MD BALTIMORE 1 X YES 2 - NO 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 2218 ETTING STREET 21217 USA 11. MARITAL STATUS 13. WAS OECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-12. WAS DECEDENT EVER IN U.S. ARMED 14. RACE — American Indian, Black, While, etc. If yes, specify Cuben, Mexicen, Puerto Rican, etc.)

1 YES 2 NO Specify: FORCES? 1 YES 2 NO 1 Never Married 2 Merried BY 3 N Widowed 4 Divorced BLACK 0 16a, DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 18b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comp ᆸ Elementery/Secondary (0-12) College (1-4 or 5 +) COMPL HOMEMAKER DOMESTIC 17, FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surneme) FRED WILLIAMS ELLA JONES BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zio Code) 2 MARJORIE GABRIEL 646 RULAND ROAD/BROOKLYN. 11203 NY 20e. METNOD OF DISPOSITION
1 1/2 Burlal 2 Cremation 3 Removal from State
4 Donetion 5 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION -- City or Town, State 21. SIGNATURE OF FUNERAL SERVICE LICENSEE lady 23. PART I. Enter the diseases, or complication shock, or heart failure. Liet only or IMMEDIATE CAUSE (Final disease or condition BLE resulting in deeth) CHR CERTIFICATION Sequentielly list conditions, If any, leading to immediate cause. Enter UNDERLYING HEP. CAUSE (Disease or injury that initiated evente resulting in deeth) LAST PART II. Other algnificant conditions contributi MEDICAL ALCOHOL ABUSE, CORONAA HYPERTENSION CONGESTIVE HEART FAILU PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL HOSPITA 1 TES 2XXNO 27. MANNER OF DEATH 28e. D/ XXXNatural 5 Pending Investigation ВҮ 2 Accident 28e. PL 3 Suicide 8 Could not be determined 

MOUNT	AUBURN	CEME	IERY		BAL	[ I MORE	, MD	
	22	. NAME AN	D ADDRESS OF FA	CILITY				
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that caused the de ceuse on each line	eth. Do not ente							Approximate Interval Between Onset and Death
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TO (OR AS A CONSE	QUENCE OF):							
to death but not i	resulting in the u	nderiving	ceuse given in	Part I.	24a. WAS AN	MITOPSY	24b. WF	RE AUTOPSY FINDINGS
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2							1 [	YES 2 NO
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	ОТНЕ	R:	ACE OF DEATH (C)					
2 ER/Outpatient 3 OF INJURY			5 Residence					
h, Day, Year)	28b. TIME OF INJURY M	28c. INJI WO 1 \[ Y	PK?	26d. DI	SCRIBE NOW IN	JURY OCCU	RED	
E OF INJURY - At ho	ome, ferm, street, fa	ctory, office	)	281. LO	CATION (Street e	nd Number or	Rural Rout	e Number,
					, , , , , , , , , , , , , , , , , , , ,			
t of my knowledge, de	eath occurred at the	time, date	and place, end du	to the c	tuse(e) end men	ner as stated	),	
of examination end/or								id menner ee stated.
	11		29c. LICENSE NU	MBER /		294 DATE S	RIGNED (M	onth. Day, Year)
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AUSE OF DEATH (ITE	M 27) (Type, Print)			//	/		1. 6.	, 40
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TRAR'S SIGNATURE	C/O MAR	YLANI	GENERA	L HO	SPITAL	-		
Jan Bende	St.							
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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely and in by the funeral director, page 5 in the funeral director, page 5 in the funeral director, page 5 in the funeral director, page 5 in the funeral director, page 5 in the funeral director, page 5 in the funeral director, page 5 in the funeral director, page 5 in the funeral director, page 5 in the funeral director, page 5 in the funeral director, page 5 in the funeral director, page 5 in the funeral director, page 5 in the funeral director, page 5 in the funeral director, page 5 in the funeral director director director director director director director director director director director director director director director director director director director director director director director director director director director director director director director director director director director director director director director director director director director director director director director director director director director director director director director director director director director director director director director director director director director director director director director director director director director director director director director director director director director director director director director director director director director director director director director director director director director director director director director director director director director director director director director director director director director director director director director director director director director director director director director director director director director director director director director director director director director director director director director director director director director director director director director director director director director director director director director directo	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be not
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JAN2 6 1990

	FOR STATE REGISTRAR	STATE OF MA	RYLAND / DEP/ CERTI		T OF HE			HYGIENE REG. NO.		30 0103	
	1. DECEDENT'S NAME (First, Middle, Last)	JNT					Janua	DEATH DAY	į, 19š	3. TIME-OF DEATH 0 8:54 A/M	
	213-34-1083	1 💢 M 2 🗆 F	AGE (In yrs. last birthde	MONTHS	DAYS P	IF UNDER 24 HRS.	7. DATE OF (Month, D		6 M	BIRTHPLACE (State or Foreign Country) laryland	
TOR	9a. FACILITY NAME (If not institution, give atree  Franklin Square Ho				SSVII	LOCATION OF O	EATH		Balt	imore	
DIRECTOR	Maryland Baltin	nore		rney	OR LOCATIO	N				10d. INSIDE CITY LIMITS? 1 YES 2 X NO	
FUNERAL	24 Heartwood Ct.				2	1234			U.S.		
BY	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT E FORCES? 1 VI IF YES, GIVE WAR KOYE	YES 2 NO OR DATES		If yes, speci	ty Cuban, Mexic NO Speci	en, Puerto Rici	Specify Yes o an, etc.)		.RACE — American Indian, Black, White, etc. Specify: Vhite	
<b>EOMPLETED</b>	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5 +)  16a. DECEDENT' (Give kind of life. Do NOT				SUSUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY work done during most of working se retired.)					TRY	
BECOM	11 Yrs.  17. FATHER'S NAME (First, Middle, Last)  Walter E. Hunt, Si	r	Ondar	Car		e. MOTHER'S NA		dle, Malden Si		a.i.y	
TO	19a. INFORMANT'S NAME (Type/Print) Helen E. Hunt					Number or Rural t., Bal				ode)	
	20a. METHOD OF DISPOSITION  1   Burlel 2   Cremation 3   Remove 4   Donation 6   Other (Specify)	al from State	20b. PLACE OF DIS other place) Parkwood						O., N	y or Town, State	
	ROY H. Cathe					J. Ruck, I		5 Harfo	ord Rd.	,Balto.,Md. 21214	
	23. PART I. Enter the diseases, or col ahock, or heart fellure. Lis IMMEDIATE CAUSE (Final disease or condition	mplications that c	ausad the daeth. D	o not ante	r the mode	of dying, suc	ch aa cardie	c or respire	atory srres	t, Approximete interval Batween Onset and Death	
	resulting in death) a.	DUE TO (O	R AS A CONSEQUENCE	OF):					_	SU OCIEN	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury										
ERTIFI	that initiated events resulting in deeth) LAST	DUE TO (O	R AS A CONSEQUENCE	OF):							
MEDICAL C	PART II. Other algnificant conditions.	contributing to de	ath but not requiting	ng in the u	nderlying	cause given in		1a. WAS AN A PERFORM	IED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO	
PHYSICIAN:		HOSPITAL:		OTHE	R:	CE OF DEATH (C					
Y PHYS	27. MANNER OF DEATH  1 Natural 5 Pending	2 NO 1 Inpettent 2 ER/Outpettent 3 DOA  DP DEATH  at 5 Pending (Month, Day, Year)  28b. Till  (Month, Day, Year)				S 2 NO	-		city) E HOW INJURY OCCURED		
TED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide detarmined	28e. PLACE OF I building, atd	NJURY — At home, fer c. (Specify)	m, street, fac	ctory, affice		28t. LOCAT City or	ION (Street an Town, State)	nd Number or	Rural Route Number,	
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICI.									cause(s) and menner as stated.	
O BE C	296. SIGNATURE AND TITLE OR CERTIFIER	020	nnel	ler		LICENSE NU	MBER 938	23	29d DATES	WANTED (Month, Day, Year)	

MARYLAND 21203-3146

BALTIMORE,

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH CERTIFICATE OF DEAT										
	1. DECEDENT'S NAME (First, Micdia, Last) M. HYMAN	2. DATE OF DEATH DAY OL 20 90 3:20 PM									
	4. SOCIAL SECURITY NUMBER  6. SEX  1  M 2  F   8. AGE (In yrs. last birthday)  1 UNDER 1 YEAR IF UNDER 1  1 VRS. MONTHS DAYS HOURS	MIN. 12-15-1907 BALTO. MD.									
TOR	Fallston General Hospital Fallston.  Residence of Decedent	N OF DEATH  9c. COUNTY OF DEATH  Harford									
DIRECTOR	MARYLAND BALTIMORE CO. PARKVILLE,	MD , 10d. INSIDE CITY LIMITS?									
FUNERAL	10a. STREET AND NUMBER  10f. ZIP CODE  2/2  11. MARITAL STATUS  12. WAS DECEDENT EVER IN U.S. ARMSD  13. WAS DECEDENT OF	34 U.S.A.									
В	11. MARITAL STATUS  1 Never Married 2 Merried  3 Widowed 4 Divorced  12. WAS DECEDENT EVER IN U.S. ARMSD FORCES? 1 YES 2 HO If yes, specify Cuban 1 YES 2 HO 1 YES 2 HO	F HISPÁNIC ORIGIN? (Specify Yes or No— (Mexicen, Puerto Ricen, etc.)  Specify:  14. RACE — American Indian,—Black, White, etc., Specify:									
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 8+)  College (1-4 or 8+)	196. KIND OF BUSINESS/INDUSTRY									
BE COM		ER'S NAME (First, Middle, Meiden Surname)  AP SOUL									
10	FAMILY RECORDS SAME AS	or Rural Route Nugrber, City of Town, State, Zip Code)									
	20a. METHOD OF DISPOSITION  1	AL GARDENS ABERDEEN, MD.									
100	· Iffley f. Jain EVANS	PUNERAL CHAYEL									
	23. PART Lenter the diseases, or complications that caused the death. Do not enter the mode of dyle shock, or heart fallure. Liet only one cause on each line.	Interval Between									
	IMMEDIATE CAUSE (Fine) disease or condition resulting in death)  Onset and Death  Onset and Death										
N	Sequentially list conditions b. Precingonics										
SATIC	If any, leading to immediate cause. Enter UNDERLYING										
CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):										
CAL	PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse g	Iven in Part I, 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS ANAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?									
PHYSICIAN: MEDI		1   YES 2   NO									
SICIA	25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1 YES 2 AND  1 Inpatient 2 ER/Outpetient 3 DOA 4 Nursing Home 8 Re-	EATH (Check only one)									
ВУ РНУ	27. MANNER OF DEATH  28a. DATE OF INJURY (Month, Day, Year)  28b. TIME OF INJURY OF INJURY (Month, Day, Year)  1 YES 2	28d. DEŞCRIBE HOW INJURY OCCURED									
	2 Suicide 6 Could not be determined 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Spec/ly) 28s. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State) 28f. LOCATION (Street end Number or Rural Route Number, City or Town, State)										
COMPLETED	29e. CERTIFIER (Check only one)  1 CERTIFVINO PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, one)  2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurrence.										
TO BE	Andre Nowalionski mo	INSE NUMBER 29d. DATE SIGNED (Month, Day, Year)									
-	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  125 N MATERIA ST. BEZATE, M.  31. DATE FILED (Mogtin Dr. Yar) 6 1990 32. REPISTRAT'S SIGNATURE  JAN 26 1990 Junior Dr. Yar)	D 2014.									
	JAN 26 1990 July Sunder Pander										

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law regules that the death certificate be executed within 2-mount after fram. Regels may be retained by the hosp	TO THE FUNEFAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fibral director, page 5 should be detache	× 5	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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JAN 2 6 1990

	1 - FOR STATE OF MARYLAND / DEPARTMENT OF REGISTRAR CERTIFICATE OF MARYLAND / DEPARTMENT OF MARYLAND / DEPARTMENT OF MARYLAND / DEPARTMENT OF MARYLAND / DEPARTMENT OF MARYLAND / DEPARTMENT OF MARYLAND / DEPARTMENT OF MARYLAND / DEPARTMENT OF MARYLAND / DEPARTMENT OF MARYLAND / DEPARTMENT OF MARYLAND / DEPARTMENT OF MARYLAND / DEPARTMENT OF MARYLAND / DEPARTMENT OF MARYLAND / DEPARTMENT OF MARYLAND / DEPARTMENT OF MARYLAND / DEPARTMENT OF MARYLAND / DEPARTMENT OF MARYLAND / DEPARTMENT OF MARYLAND / DEPARTMENT OF MARYLAND / DEPARTMENT OF MARYLAND / DEPARTMENT OF MARYLAND / DEPARTMENT OF MARYLAND / DEPARTMENT OF MARYLAND / DEPARTMENT OF MARYLAND / DEPARTMENT OF MARYLAND / DEPARTMENT OF MARYLAND / DEPARTMENT OF MARYLAND / DEPARTMENT OF MARYLAND / DEPARTMENT OF MARYLAND / DEPARTMENT OF MARYLAND / DEPARTMENT OF MARYLAND / DEPARTMENT OF MARYLAND / DEPARTMENT OF MARYLAND / DEPARTMENT OF MARYLAND / DEPARTMENT OF MARYLAND / DEPARTMENT OF MARYLAND / DEPARTMENT OF MARYLAND / DEPARTMENT OF MARYLAND / DEPARTMENT OF MARYLAND / DEPARTMENT OF MARYLAND / DEPARTMENT OF MARYLAND / DEPARTMENT OF MARYLAND / DEPARTMENT OF MARYLAND / DEPARTMENT OF MARYLAND / DEPARTMENT OF MARYLAND / DEPARTMENT OF MARYLAND / DEPARTMENT OF MARYLAND / DEPARTMENT OF MARYLAND / DEPARTMENT OF MARYLAND / DEPARTMENT OF MARYLAND / DEPARTMENT OF MARYLAND / DEPARTMENT OF MARYLAND / DEPARTMENT OF MARYLAND / DEPARTMENT OF MARYLAND / DEPARTMENT OF MARYLAND / DEPARTMENT OF MARYLAND / DEPARTMENT OF MARYLAND / DEPARTMENT OF MARYLAND / DEPARTMENT OF MARYLAND / DEPARTMENT OF MARYLAND / DEPARTMENT OF MARYLAND / DEPARTMENT OF MARYLAND / DEPARTMENT OF MARYLAND / DEPARTMENT OF MARYLAND / DEPARTMENT OF MARYLAND / DEPARTMENT OF MARYLAND / DEPARTMENT OF MARYLAND / DEPARTMENT OF MARYLAND / DEPARTMENT OF MARYLAND / DEPARTMENT OF MARYLAND / DEPARTMENT OF MARYLAND / DEPARTMENT OF MARYLAND / DEPARTMENT OF MARYLAND / DEPARTMENT OF MARYLAND / DEPARTMENT OF MARYLAND / DEPARTMENT OF MARYLAND / DEPARTMENT OF MARYLAND / DEPARTMENT OF MARYLAND / DEPARTMENT OF MARYLAND / DEPARTMENT OF MARY		ENTAL HYGIENE REG. NO.	20 01031						
	1. DECEDENT'S NAME (First, Middle, Last)  MOLLY HATTERY		2. DATE OF DEATH DAY  1 10 7. DATE OF BIRTH	YEAR 3. TIME OF GEATH 90 M						
	4. SOCIAL SECURITY NUMBER  5. SEX  1 M 2 T F  7 YRS.  1 NOTHS D  9a. FACILITY NAME (If not institution, give street and number)  9b. CITY, TO	(Month, Day, Year) 4/10/15	8. BIRTHPLACE (State or Foreign Country) OHIO c. COUNTY OF DEATH							
DIRECTOR	14209 HARRISVILLE ROAD  RESIDENCE OF DECEDENT  10a. STATE  10b. GOUNTY  10c. CITY, TOWN OR I	T- Stike	7	CATON 10d. INSIDE CITY						
	MD. CAPPO! MT.	101. ZIP CODE	10	LIMITS? 1 YES 2 NO  NO. CITIZEN OF WHAT COUNTRY?						
BY FUNERAL	1 Never Married 2 Merried FORCES? 1 YES 2 NO If yo	S DECENDENT OF HISPANIC DE, specify Cuben, Mexicen, I YES 2 NO Specify:		U.S.A.  No—  14. RACE — American Indien, Black, White, atc.  Specify:  WHITE						
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementery/Secondary (0-12)  College (1-4 or 5+)  HOUSEWIFE		16b. KINO OF BUSINE	SS/INDUSTRY						
BE CON	17. FATHER'S NAME (First, Mickille, Last) MAX CASSON	E (First, Middle, Maiden Surn MILLER	iame)							
101	THOMAS HATTERY (son) 7101 WOODN	TILLE RD., M	T. AIRY, MI	21771						
	20c. METHOD OF DISPOSITION  1 Direction 3 Removel from State  20c. LOCATION - City or Town, State  20c. LOCATION - City or Town, State  20c. LOCATION - City or Town, State  20c. LOCATION - City or Town, State  20c. LOCATION - City or Town, State  20c. LOCATION - City or Town, State									
	Junily Made 34-70 STA	ATE ANATOMY	BOARD, BALT	ro., MD. 21201						
	23. PART // Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, abock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):  Approximate interval Between Onset and Death  DISEASE									
CERTIFICATION	Sequentially list conditions, if any, isading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events  DUE TO (OR AS A CONSEQUENCE OF):	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury								
L CER	PART II. Other significant conditions contributing to death but not resulting in the under	irlying cause given in P	art I. 24e. WAS AN AUT	TOPSY 24b. WERE AUTOPSY FINDINGS						
PHYSICIAN: MEDICA			PERFORMEI  1 YES 2	COMPLETION OF CAUSE						
SICIAN	EXAMINER? HOSPITAL: OTHER:	26. PLACE OF DEATH (Chec	125 11 5 7							
ВУ РНУ	1 Netural 5 Pending (Month, Dey, Year) INJURY 2 Accident Investigation	T. MANNER OF OEATH 28e. DATE OF INJURY (Month, Dey, Year) 28b. TIME OF INJURY AT WORK? 28d. D								
G	3 Suicide 8 Could not be determined 29e. PLACE OF INJURY — At home, farm, street, factory building, etc. (Specify)		City or Town, State)	Number or Rural Route Number,						
COMPLET	(Check only one)  2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opin	nion, death occured at the ti	lme, date end place, and d	ue to the cause(e) and manner ee stated.						
TO BE	296. SIGNATURE AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)	29c. LICENSE NUME 026 49		Del DATE SIGNED (Month, Day, Year)						

rell 1 Cardo

31. DATE FILED (Month, Day, Year)

JAN 26 1990

32. REGISTRAR'S SIGNATURE
Sula Savidson Andses

		Pag		
	The law requires that the death certificate be executed within 24-nours after death, if pe (may be realined by the hospital or attending physician.	ate has been signed by the attending physician and completely filled in by the funeral rector, page 5 should be detached for use as the burial-transit permit. Pag		the state of the state of the state of the state of the state of the state of the state of the state of the state of
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	The	te ha	itate Dept. of Health and Mental Hygiene prior to burial, cremation, or removal,	-
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		(8)								) 1	0 01	0 )
	1 - FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPAI CERTIF				MENTAL	HYGIEN				
	1, DECEOENT'S NAME (First, Middle, Last)  FONNIE	FANNIE MARY	IANNA	OUTN	0		2. DATE MONTH	OF DEATH D		YEAR	3. TIME OF DE	
	4. SOCIAL SECURITY NUMBER 218-03-6309	5. SEX 6. AGE (In 83	yrs. inst birthday) YRS.	dey) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DAYS MONTHS DAYS HOURS MIN. MAI				OF BIRTH (LDey, Year) (H 20	1906	8. BIRTH Countr	MD .	Foreign
OR	90. FACILITY NAME (If not Institution, give st Harferb Mem	1 1 1	9	BE CITY, TOWN OR LOCATION OF DEATH HOUTE DE GRACE						MY OF D	HTA3	
DIRECTOR	RESIDENCE OF DECEDENT  10e. STATE  10b. COUNTY  MD.	ARFORD	10c. CI	10c. CITY, TOWN OR LOCATION ABINGDON								TY Xi no
	10e. STREET AND NUMBER					ZIP CODE	1000		10g. CIT		1 TYES 2	
FUNERAL	607 ST. ALBA  11. MARITAL STATUS  1 Never Merried 2 Merried	12. WAS DECEDENT EVER IN U	2 XNO	ARMED  13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No					S.A.  — American in	dlan,		
D BY	3 ₩ Widowed 4 □ Divorced  15. DECEDENT'S EDUC	IF YES, GIVE WAR OR DAT	ES 18e. DECEDENT'			2 NO Specify		KIND OF BUS	RINESS/INI	Speci	WHI	TE
COMPLETED	(Specify only highest grade Elementery/Secondery (0-12)  n/a	College (1-4 or 5+)	(Give kind of	work done	during mo	st of working			TIMOF		TY	
	17. FATHER'S NAME (First, Middle, Last) ANTHONY DEANGE					16. MOTHER'S NA			Sumame)			
TO BE	190. INFORMANT'S NAME (Type/Print)  JENNIE PAOLINO	(DCHTD)				nd Number or Rural I					21009	
	JENNIE PAOLINO (DGHTR)  30s. METHOD OF DISPOSITION  AND Burlal 2 Cremetion 3 Hammoved from State  4 Openetion 5 Other (Specify)  LORRAINE MAUSOLEUM  BALTIMORE MD.										wn, State	
	21. SIGNATURE OF FUNEBAL SERVICE LIC	EMEX ///.	LURR		NAME AN	DSOLEUM  DADDRESS OF FA					MD.	
	The to	feller			33	331 Brehm	ms La	ne, Ba	alto.	. Md.	21213	
	IMMEDIATE CAUSE (Finel	Liet only one ceuse on asc	ch line.				h ss card	llac or respi	iratory er	rest,		meta Between and Death
	disease or condition resulting in death)  s. Can diac arest  oue to (or as a consequence of):  Can diac arest											
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CERTIFICATION	thet initieted events resulting in death) LAST		iosel		515						-	
	PART II. Other significant condition	s contributing to deeth bu	t not resulting	in tha u	nderiyin	g cause given in	Part I.	24a. WAS AN PERFOR	RMED?	240	WERE AUTOPS' AMAILABLE PRICOMPLETION COFF DEATH?	OT RO
PHYSICIAN: MEDICAL					-		_				1   YES 2 (	] NO
NA I	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOODITAL			_	ACE OF DEATH (Ch	eck only on	re)				
YSIC	1 TYES 2 NO	HOSPITAL:	_	1	rsing Hom	e 5 🗆 Residence	_					
ВУ РН	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	26e. DATE OF INJURY (Month, Day, Year)	28b. TI	ME OF JURY M		URY AT PRK? YES 2 NO	26d. OES	SCRIBE HOW I	INJURY OC	CUREO		
	3 Suicide 6 Could not be determined	26e. PLACE OF INJURY - building, etc. (Specifi		, street, tec	ctory, offic	•		ATION (Street or Town, State)		or or Rural	Route Number,	
COMPLETED	onel only	CIAN: To the best of my knowle R: On the besie of examination									e) end menner s	s stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIER	elle	<del></del>			29c. LICENSE NUI			29d. DAT	TE SIGNED	(Month, Day, Ye	nr)
유	30. NAME AND ADDRESS OF PERSON WH	COMPLETED CAUSE OF DEAT			1115	3T A	HAN.	RE D	VE E	RAC	En	>

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RECTOR: After this certificate has been signed by the attending physician and completely filled in by ា	rs after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remem	m 28 is marked, or item 23 shows any injury, or other traumatic event, the medical
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	1 - FOR STATE REGISTRAR	STATE OF MARYLAND /		OF HEALTH AND	MENTAL HYGIEN REG. NO				
	1. DECEDENT'S NAME (First, Middle, Last)  MYRTLE	E. Joi	E. JONES			3 9	3. TIME OF DEATH 2125 M		
	- 10 11 m/15	S. SEX 6. AGE (In yrs. las	YRS. IF UNDER		7. DATE OF BIRTH (Month, Day, Year)	08	BIRTHPLACE (State or Foreign Country)		
OR	9a. FACILITY NAME (If not inetitution, give atree CHURCH	tospital		ALTIMOR		9c. COUNTY	OF DEATHALTIMORE		
DIRECTOR	MARY LAND 10b. COUNTY	ALTIMORE	10c. CITY, TOWN C	OR LOCATION TIMONE	BALTIMO	RE	10d, INSIDE CITY LIMITS? 1 NO		
FUNERAL	100. STREET AND NUMBER 201 N. W. ASHT	201 N.W ASHINGTON ST. APT 205			101. ZIP CODE 109. CITIZEN OF WHAT				
ВУ		12. WAS DECEDENT EVER IN U.S. AR FORCES? 1 - YES 2 1 IF YES, GIVE WAR OR DATES	40	WAS DECENDENT OF HISPA If yes, specify Cuben, Mexic I YES 2 YOU Speci	en, Puerto Ricen, etc.)	a or No — 14.	RACE — American Indian, Black, White, atc. Specify: Black		
MPLETED	15. DECEDENT'S EDUCA' (Specify only highest grade co Elementary/Secondary (0-12)	mpleted) (G College (1-4 or 5+)	CEDENT'S USUAL OF INP KIND OF WORK DONE OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE	during most of working	John	siness/indust	11		
00	17. FATHER'S NAME (First, Middle, Legs)  Arthur By	ers		JA. MOTHER'S N. 5+e	AME (First, Middle, Malder	Surname)			
TO	196. INFORMANT'S NAME (PROPRINT)  196. MAILING ADDRESS (Street and Number or Parall Pours Number, City or Town, State, Zip Code)  5VIVIA PAVAIL  1607 E. Coldsprang Lane/ Balto, Md 2128								
	20b. PLACE OF DISPOSITION (Name of comoting, cromatory of Pacific Pacific Pacific Pacific Pacific Pacific Pacific Pacific Pacific Pacific Pacific Pacific Pacific Pacific Pacific Pacific Pacific Pacific Pacific Pacific Pacific Pacific Pacific Pacific Pacific Pacific Pacific Pacific Pacific Pacific Pacific Pacific Pacific Pacific Pacific Pacific Pacific Pacific Pacific Pacific Pacific Pacific Pacific Pacific Pacific Pacific Pacific Pacific Pacific Pacific Pacific Pacific Pacific Pacific Pacific Pacific Pacific Pacific Pacific Pacific Pacific Pacific Pacific Pacific Pacific Pacific Pacific Pacific Pacific Pacific Pacific Pacific Pacific Pacific Pacific Pacific Pacific Pacific Pacific Pacific Pacific Pacific Pacific Pacific Pacific Pacific Pacific Pacific Pacific Pacific Pacific Pacific Pacific Pacific Pacific Pacific Pacific Pacific Pacific Pacific Pacific Pacific Pacific Pacific Pacific Pacific Pacific Pacific Pacific Pacific Pacific Pacific Pacific Pacific Pacific Pacific Pacific Pacific Pacific Pacific Pacific Pacific Pacific Pacific Pacific Pacific Pacific Pacific Pacific Pacific Pacific Pacific Pacific Pacific Pacific Pacific Pacific Pacific Pacific Pacific Pacific Pacific Pacific Pacific Pacific Pacific Pacific Pacific Pacific Pacific Pacific Pacific Pacific Pacific Pacific Pacific Pacific Pacific Pacific Pacific Pacific Pacific Pacific Pacific Pacific Pacific Pacific Pacific Pacific Pacific Pacific Pacific Pacific Pacific Pacific Pacific Pacific Pacific Pacific Pacific Pacific Pacific Pacific Pacific Pacific Pacific Pacific Pacific Pacific Pacific Pacific Pacific Pacific Pacific Pacific Pacific Pacific Pacific Pacific Pacific Pacific Pacific Pacific Pacific Pacific Pacific Pacific Pacific Pacific Pacific Pacific Pacific Pacific Pacific Pacific Pacific Pacific Pacific Pacific Pacific Pacific Pacific Pacific Pacific Pacific Pacific Pacific Pacific Pacific Pacific Pacific Pacific Pacific Pacific Pacific Pacific Pacific Pacific Pacific Pacific Pacific Pacific Pacific Pacific Pacific Pacific Pacific Pacific Paci								
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  WM. C. Marcht H. North Ave								
	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, ahock, or haart feliure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):								
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  A THE LOS CLE PATHEROSCIARROTICA VASSULAB DISEASE  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):								
BY PHYSICIAN: MEDICAL CE	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.  24a. WAS AN AUTOPSY PERFORMED?  1 YES 2 NO OF DEATH?  1 YES 2								
IAN	25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF DEATH (C	heck only one)				
SIC		HOSPITAL: LA Impatient 2 - ER/Outpetient 3	OTHEI						
Y PH	27. MANNER OF DEATH  1/ Natural 6 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY M	26c. INJURY AT WORK? 1 YES 2, NO	28d. DESCRIBE HOW	INJURY OCCURED			
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)  28f. LOCATION (Street and Number or Rural Floute Number, City or Town, State)							
COMPLETED	29a. CERTIFIER (Check only one)  CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated.  Discretely the control of the cause(a) and manner as stated.								
BE	290. SIGNATURE AND TITLE OF CERTIFIER DESCUS  290. LICENSE NUMBER  D 30 (1)								
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH (ITE	-	VTREND"A		0,1	- 21 1		
	31. DATE FILED (Month, Day, Year)  2 JAN 26 1990	32. BEGISTRAR'S SIGNATURE	langla Mille	VII WU A I	ALL A	HURCH	HOSPITAL		

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ise as the burial-transit permit. Pages 1, 2, 3 should

ending physician. 3-3146

BALTIMORE, MARYL

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

FOR STATE

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

_	REGISTRAR		CEF	RIFIC	ALE OF	DEATH	REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Lest) $MARY$				JONES		2. DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DATE OF DEATH DATE OF DATE OF DEATH DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF D	MONTH DAY YEAR	
	4. SOCIAL SECURITY NUMBER 217-22-7675	5. SEX	6. AGE (In yrs. last b		UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 5/17/10	8. Bil	RTHPLACE (State or Foreign unitry)
H	9e. FACILITY NAME (If not institution, give street and number)  7.34 MCCABE AVENUE					OR LOCATION OF DE	ATH	9c. COUNTY O	
5	RESIDENCE OF DECEDENT						·	<u> </u>	
DIRECTOR	The Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Co				TIMOR	E			10d. INSIDE CITY LIMITS? 1 V YES 2 NO
FUNERAL	100. STREET AND NUMBER 734 MCCABE AVENUE				101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY?				
À R	11. MARITAL STATUS 1 Never Married 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	T EVER IN U.S. ARME YES 2XXNO AR OR DATES	ED	If yes, specify Cuban, Maxican, Puerio Rican, etc.)  1 ☐ YES 2 NO Specify:  Specify:				ACE — American Indian, lack, White, etc.
	15. DECEDENT'S EDU- (Specify only highest grade	CATION completed)	(Give	kind of work	AL OCCUPATI done during me	ON ost of working	18b. KIND OF BUS	BINESS/INDUSTR	Y
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5	·) Iffe. Di	o NOT use rel	rired.)	•	COLUTION		E11E0 11
N N	6th		HOU	SEKEE	PER		SOUTH B		ENERAL
- 11	17. FATHER'S NAME (First, Middle, Leist)  CLARENCE M(	)ODE					ME (First, Middle, Malden		
BE.	19a. INFORMANT'S NAME (Type/Print)	OORE	196	MAILING AD	ORESS (Street	JULIE and Number or Burni F	JOHNSON Route Number, City or Town		
2	QUEEN TOLIVER					ENUE/BAL		21212	
	20e. METHOD OF DISPOSITION		20b. PLACE OF	DISPOSITIO		metery, crematory or		CATION — City o	
	1 Donation 5 Other (Specify)	oval from State	WEST		TAR CE	METERY	CAT	ONSVILL	F MD
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE				ND ADDRESS OF FA		<del></del>	-, 110
	> Glades	Wan			WM.	C. MARCI	H F.H. 13	101 E.	NORTH AVE.
	23. PART I, Enter the diseases, or shock, or heart failure.  IIMMEDIATE CAUSE (Final disease or condition resulting in death)	a. UNO 5	OR AS A CONSEOU	ENCE OF):					Approximate Interval Between Onset and Death
ERTIFICATION	Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initisted events resulting in death) LAST	DUE TO	(OR AS A CONSEQUE	ENCE OF):	1090	mic	r bladde	~	
2	PART II. Other algolificant condition	s contributing to	death but not res	witing in t	ha undariyir	g cause given in	Part I. 24a. WAS AN		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
EDICAL	NIDDM.	dem	entra	a	nen	12 of	1 _ YES 2		COMPLETION OF CAUSE OF DEATH?
Σ	chronic	disea	ese, h	10 (	JGI	bleed			1 TYES 2 INO
HYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		1 -		LACE OF DEATH (Ch	eck only one)		
2	1 - YES 2 - NO	1 Inpatient 2	ER/Outpatient 3		THER:  Nursing Hor	ne 5 Residence	8 Other (Specify)		
표	27. MANNER OF DEATH  1 Netural 5 Pending	28a. DATE OF (Month, E	ay fear)	28b. TIME O	v. W	JURY AT A A	28d. DESCRIBE HOW	NJURY OCCURE	)
à	2 Accident Investigation	28a PLACE/C	F INJURY — At home	17/	M 1		281. LOCATION (Street	and Number or Pr	iral Bouta Number
	3 Suicide 8 Could not be 4 Homicide determined	building,	etc. (Specify)	WA	L.		City or Town, State	/A	THE PROPERTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF TH
9	29e. CERTIFIER 1 CERTIFYING PHYS	CIAN: To the heat of	m. knowledge dest		t the time dat	a and place and div	to the several and		
COMPLETED	one)								se(a) and manner as stated.
BE CC	29b. SIGNATURE AND TITLE OF GERTIFIE	R A	02	6.1	MA	29c. LICENSE NUI	MBER	29d. DATE/SIG	NED/(Month, Day, Year)
0	30. NAME AND ADDRESS OF PERSON WI	1 61	SE OF DEATH (ITEM	27) (Type, Pri	1 3	versity F	21	Zalt-	MD 21218
	31. DATE FILED (Month, Day, Year)  JAN 26 199	32. REGISTR	AR'S SIGNATURE	mes and	4 4.1	743.14	kway &		1-70 - 1-10
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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-rouns aftendean Pag 6 ay be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the meral direct. page 5 should be detached within 25 hours after hearth with the State Dent, of Health and Mental Hydiene prior to burial, cremation, or removal.	0
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	4	中文	ark
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	2	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the meral direct has falled within 72 hours, after death with the State Dent. of Health and Mental Hydiene prior to burial, cremation, or removal.	IMPORTANT. If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE (	F MARYLAND /	DEPARTMENT	OF HEALTH	AND	MENTAL	HYGIENE
	CI	ERTIFICATE	OF DEAT	TH		REG. NO.

4

FOR 1 - STATE REGISTRAR	STATE OF MARY		TMENT OF			HYGIENE REG. NO.			
1. DECEDENT'S NAME (First, Middle, La JOS)		SKI			2. DATE OF MONTH	DAY	YEAR 1990	3. TIME OF DEATH 9:27 P	
4. SOCIAL SECURITY NUMBER 215-03-6324	5. SEX 6. AG	91 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7 DATE OF		8. BIRT	HPLACE (State or Foreign	
9a. FACILITY NAME (If not institution, gi				MORE CITY		9c. COUNTY OF DEATH BALTIMORE			
THE JOHNS HOPK	Ttimore City	, 100 CIT Ba	1611918	ATION				10d. INSIDE CITY LIMITS? 1 YES 2 NO	
	eet	L		21224		10	USA OF	WHAT COUNTRY?	
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 YOUR VERY OF	ES 2 NO	If yes,	ECENDENT OF HISPA specify Cuban, Mexic ES 2 NO Speci	en, Puerto Ric	RIGIN? (Specify Yea or No— 14. RACE — American Indian, Black, While, alc. Sewillte			
15. DECEDENT'S (Specify only highest g  Elementary/Secondary (0-12)  17. FATHER'S NAME (First, Middle, Last)  17. In Language To Language To Language To Language To Language To Language To Language To Language To Language To Language To Language To Language To Language To Language To Language To Language To Language To Language To Language To Language To Language To Language To Language To Language To Language To Language To Language To Language To Language To Language To Language To Language To Language To Language To Language To Language To Language To Language To Language To Language To Language To Language To Language To Language To Language To Language To Language To Language To Language To Language To Language To Language To Language To Language To Language To Language To Language To Language To Language To Language To Language To Language To Language To Language To Language To Language To Language To Language To Language To Language To Language To Language To Language To Language To Language To Language To Language To Language To Language To Language To Language To Language To Language To Language To Language To Language To Language To Language To Language To Language To Language To Language To Language To Language To Language To Language To Language To Language To Language To Language To Language To Language To Language To Language To Language To Language To Language To Language To Language To Language To Language To Language To Language To Language To Language To Language To Language To Language To Language To Language To Language To Language To Language To Language To Language To Language To Language To Language To Language To Language To Language To Language To Language To Language To Language To Language To Language To Language To Language To Language To Language To Language To Language To Language To Language To Language To Language To Language To Language To Language To Language To Language To Language To Language To Language To Language To Language To Language To Language To Language To Language	EDUCATION rade completed)  College (1-4 or 5+)		usual occupa work done during se retired.)	TION nost of working	16b. K	IND OF BUSINE	ESS/INDUSTRY		
UINTIOWII Jak	17. FATHER'S NAME (First, Middle, Last)  16. MOTHER'S NAME (First, Middle, Malden						name) KNOWN		
190. INFORMANT'S NAME (Type/Print) Stanley Jakiels	ski			rand Number or Flurel rn AveBal			Md Md	21206	
20a. METHOD OF DISPOSITION 1	1 Burial 2 Cremation 3 Removal from State								
21. SIGNATURE OF FUNERAL SERVICE  **ATTLLE	2) Vicky	ra		and address of F		H. 401	S. Che	ester St.	
iMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Sept only one cause of	n each line.	P):				,	Approximate Interval Batween Onset and Death	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa Due TO (or As a consequence of):								
· Smull Coll of	ART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.  Smull Cell arcirona J Lm/S  Dhar, Him full arcirona J Lm/S					PERFORME  1 YES 2	D?	No. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 HO  26. PLACE OF DEATH (Check only one)  27. WANNER OF DEATH  28. PLACE OF DEATH (Check only one)  28. PLACE OF DEATH (Check only one)  28. PLACE OF DEATH (Check only one)  28. PLACE OF DEATH (Check only one)  28. PLACE OF DEATH (Check only one)  28. PLACE OF DEATH (Check only one)  28. PLACE OF DEATH (Check only one)  28. PLACE OF DEATH (Check only one)  28. PLACE OF DEATH (Check only one)  28. PLACE OF DEATH (Check only one)  28. PLACE OF DEATH (Check only one)  28. PLACE OF DEATH (Check only one)  28. PLACE OF DEATH (Check only one)  28. PLACE OF DEATH (Check only one)  28. PLACE OF DEATH (Check only one)  28. PLACE OF DEATH (Check only one)									
1  YES 2 ANO  27. MANNER OF DEATH  1 Neturel 5 Pending	1 Inpatient 2 ERA  28a. DATE OF INJU (Month, Day, Ye.	RY 26b. TIR	ME OF 28c.	NJURY AT WORK?  YES 2 NO	_	Specify) RIBE HOW INJU	URY OCCURED		
2 Accident Investigat 3 Suicide 8 Could not 4 Hemicide determine	Tilice 28f. LOCATION (Street and Number or Rural Route Number, City or Yours, State)				ni Route Number,				
3 Suicide 4 Homicide 5 Could not be determined  29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated.  29b. SIGNATURE AND TITLE OF CERTIFIER  30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)								o(a) and manner as stated.	
								ED (Month, Day, Year)	
Michael A.	McDevitt	m0/840		wolfe St.	Belt.	mo.	2120	5	
JAN 2 6 1990	32. REGISTRAR'S S	SIGNATURE		,					

1	STATE REGISTRAR	SIAIE OF MANTI	CERTIF	ICATE (	OF DEATH		EG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)						DEATH	YEAR	3. TIME OF DEATH	
								1990	9:56 p <sup>M</sup>	
	4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE	(Manuth			7. DATE OF E (Month, De		8. BIR	THPLACE (State or Foreign untry)	
	219-18-5057	1 🖾 M 2 🗆 F   66	M 2 DF 66 YRS. MONTHS DAYS HOURS MIN.			July 2	0,192		ryland	
	9s. FACILITY NAME (If not institution, give st	freet and number)		9b. CITY, TO	WN OR LOCATION OF D	EATH	1	9c. COUNTY OF	DEATH	
5	THE JOHNS HOPKIN	S HOSPITAL		BALTI	MORE CITY		8	3-19-30	Direct Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the	
5	RESIDENCE OF DECEDENT		140.00	Y, TOWN OR I	OCATION				10d. INSIDE CITY	
DIRECTOR	10s. STATE 10b. COUNTY			kville					LIMITS?	
	Maryland Balti	more	Pall	CATTLE	10f. ZIP CODE		1	10a CITIZEN O	F WHAT COUNTRY?	
FUNERAL	9028 Old Harford I		21234	U.S.A.						
5	11. MARITAL STATUS	12. WAS DECEDENT EVER FORCES? 1 X YES	IN U.S. ARMED		S DECENDENT OF HISPA				ACE — American Indian, lack, White, stc.	
BÁ	1 Never Merried 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE WAR OR	DATES		YES 2 X NO Speci				oecHy: nite	
<u>a</u>	15. DECEDENT'S EDU (Specify only highest grade		16a. DECEDENT'S	USUAL OCCU	JPATION Ing most of working	16b. KII	OF BUSIN	NESS/INDUSTRY	1	
	Elementary/Secondary (0-12)	College (1-4 or 5+)	Ille. Do NOT L	ise retired.)			1 *	0		
40	12		Machin	ist				Corp.		
COMPL	17. FATHER'S NAME (First, Middle, Last) Rudolf Klinke				Agnes		lle, Maiden St	urnemė)		
8	19s. INFORMANT'S NAME (Type/Print)				Street and Number or Rura					
2	Helen K. Moorefie	1d	1520	Provid	ence Rd.,	Towson	, Md.	21204		
	20a, METHOD OF DISPOSITION		other place!		of cemetery, crematory or			ATION City o		
	1 Burial 2 XCremation 3 Rem 4 Donation 5 Other (Specify)	over from State	Greenmoun		atory $1/24$			o., Md		
	22. NAME AND ADDRESS OF FACILITY Ruck Towson Funeral Home, Inc.									
- 1	· cali	1. / ana	1		.050 York F					
	23. PART I. Enter the diseases, or	complications that comp	ind the death. Do						Approximats	
Ш		List only one cauts on	mich line.						Interval Between Onset and Death	
	IMMEDIATE CAUSE (Final disease or condition	Pueumo	Nin						14 hours	
	resulting in destn)									
z	·	Ling concer 3 months								
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury  Due to (or as a consequence of):  Ling Cancer  Due to (or as a consequence of):  Ling Cancer  Due to (or as a consequence of):  Due to (or as a consequence of):  The consequence of the conditions of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the conse									
2										
E	that initiated events resulting in death) LAST	DUE 10 (OH A	S A CONSEQUENCE	or);						
5		d								
	PART II. Other aignificant condition	ns contributing to desti	h but not resulting	in the und	erlying cause given i	in Part I. 2	I. 24s. WAS AN AUTOPSY PERFORMED?		24b. WERE AUTOPSY FINDINGS	
2						1	1 FES 2 NO		COMPLETION OF CAUSE OF DEATH?	
E									1 - YES 2 - NO	
7:										
IAN	25. WAS CASE REFERRED TO MEDICAL				28. PLACE OF DEATH	Check only one)				
Sic	EXAMINER?	HOSPITAL:	Outpatient 3 DOA	4 Nursi	ng Home 5 - Residence	e 6 🗆 Other (	Specify)			
PHYSICIAN: MEDICAL	27. MANNER OF DEATH	28a. DATE OF INJUF (Month, Day, Yea		IME OF A	Be. INJURY AT WORK?	28d. DESC	RIBE HOW IN	JURY OCCURE	:D	
8	2 Accident Investigation		USV — At home form	street factor		28f LOCAT	ION (Street a	nd Number or B	tural Route Number.	
TED	3 Suicide 6 Could not be 4 Homicide determined 28. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify)									
COMPLET	296, CERTIFIER 1 CERTIFYING PHYS	SICIAN: To the best of my kr	nowledge, death occu	irred at the tin	ne, date and place, and d	due to the cause	e(s) and men	ner so stated.		
M	(Check only								use(s) and manner as stated.	
	29b. SIGNATURE AND TITLE OF CERTIFI	ER A			29c, LICENSE N	PERMUN		29d. DATE SI	BNED (Mogth, Day, Year)	
BE	William d	South	K					D //	21/90	
5	30. NAME AND ADDRESS OF PERSON W	THO COMPLETED CAUSE OF	DEATH (ITEM 27) (7)	pe, Print)						
	600 N	Nolfe 5	5t. B.	Att. 1	15 OU	205				
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE									
	UAN 1-1990	Sura handson-	Markan							

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed. A second of the death. Page the may TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director. Be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner man, be DIVISION OF VITAL RECORDS, P.O. BOX 131

regarded by the nospital or attending physician.

BALTIMORE, MARYLAND 21203-3146

TO BE, COMPLETED BY FUNERAL DIRECTOR

DHMH-16 Rev 1/89

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1. DECEDENT'S NAME (First, Middle, Last) SALLY									
						2. DATE OF I	DEATH	YEAR 3.	TIME OF DEATH
			K	IVD	N	/	6	90	0022
4. SOCIAL SECURITY NUMBER		. AGE (In yrs. last birthd	MONTHE		UNDER 24 HRS.	7, DATE OF 1 (Month, De	BIRTH	6. BIRTHPL Country)	ACE (State or Foreign
379-12-4680		77 YR	3.			1/10/	12	NEW	YORK
9a. FACILITY NAME (If not institution, give s				TY, TOWH OR LO				DUNTY OF DEAT	гн
PENINSULA GENERAL	HOSPITAL		S	SALISBU	RY, MA	RYLAND		MICOMI	00
10e. STATE 10b. COUNT	Υ	10c.	10c. CITY, TOWN OR LOCATION						
MD. WICOM	MTCO		SALSI	BIIDA				1	LIMITS?
10e. STREET AND NUMBER	-1200		0111101.	101. ZIP	CODE		10g. C	CITIZEN OF WHA	
1105 TIMES SQUAR	RE (N	URSING HO	MF)	218	20.1		,	J.S.A.	
11. MARITAL STATUS	12. WAS DECEDENT I	VER IN U.S. ARMED				NIC ORIGIN? (S	pecify Yea or No-		American Indien, White, etc.
1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES? 1	YES 2 NO OR DATES		It yes, specify		an, Puerto Rice ly:	n, etc.)	Specify: WHI	
15. DECEDENT'S EOU	CATION	16a. DECEOEN				18b, KIA	D OF BUSINESS		
(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	Iffe. Do NO	of work done IT use retired.	e during most of ( .)	working				
17. FATHER'S NAME (First, Middle, Last)				18.	MOTHER'S NA	AME (First, Middl	e, Maiden Surname	)	
19a. INFORMANT'S NAME (Type/Print)		19b. MAIL	ING AOORES	SS (Street and No	umber or Rural	Route Number, (	City or Town, State,	Zip Code)	
20e, METHOD OF OISPOSITION  1 Burlel 2 Cremation 3 Rem  Donation 5 Chec (Specify)	noval from State	20b. PLACE OF OIS other place)	POSITION (A	Name of cametery	, cremetory or		20c. LOCATION	— City or Town	, State
21. SHIBNATURE OF FUNERAL SERVICE LIE	CENSEE 7	1 200	22	2. NAME AND AD	DORESS OF F	ICILITY			
> Samuel	All kell	1-25-9	0				D, BALTO	)., MD.	21201
23. PART I. Entar the diseases, or	complications that	eaused the death. D	D not anta	ar tha mode o	of dying, aud	ch as cardiac	Dr reapiratory	arreat,	Approximata
shock, or heart feilure.  IMMEDIATE CAUSE (Final	List only Dra cause	on each line.							Onset and Das
disease or condition resulting in death)				SE	2,29				34 ru.
resoning in death)	DUE TO (C	R AS A CONSEQUENC	E OF):						
	b								
Sequentially list conditione, if any, leading to immediate	DUE TO (O	R AS A CONSEQUENC	E OF):						
CAUSE (Disease or injury	C								ļ
that initiated events	DUE TO (O	R AS A CONSEQUENC	E OF):						
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25. WAS CASE REFERRED TO MEDICAL				26. PLACE	OF DEATH (C	heck only one)			
EXAMINER? 1 YES 2 NO	HOSPITAL:	R/Outpetient 3 DO	OTHE				naciful		
27. MANNER OF DEATH	28e. DATE OF IN	JURY 28b.	TIME OF	28c, INJURY			BE HOW INJURY	OCCURED	
1 Netural 8 Pending	(Month, Day,	Year)	INJURY M	WORK?	2 🗌 NO	12011257122			
2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF	NJURY — At home, far	m, street, fe				ON (Street end Nurr	nber or Rural Rou	ite Number,
4 Homicide defarmined	building, et	c. (Specify)					own, State)		
	ICIAN: To the heat of m	y knowledge death on	narrad at the	time data and	place and di-	n to the nave-f	a) and messes	eteted	
29e. CERTIFIER									nd manner se stated
290. CERTIFIER Check only CERTIFYING PHYS	ER: On the basis of exa					,			
29e. CERTIFIER (Check only 2 MEDICAL EXAMINI		THIRD THE CONTRACT THE CONTRACT THE CONTRACT THE CONTRACT THE CONTRACT THE CONTRACT THE CONTRACT THE CONTRACT THE CONTRACT THE CONTRACT THE CONTRACT THE CONTRACT THE CONTRACT THE CONTRACT THE CONTRACT THE CONTRACT THE CONTRACT THE CONTRACT THE CONTRACT THE CONTRACT THE CONTRACT THE CONTRACT THE CONTRACT THE CONTRACT THE CONTRACT THE CONTRACT THE CONTRACT THE CONTRACT THE CONTRACT THE CONTRACT THE CONTRACT THE CONTRACT THE CONTRACT THE CONTRACT THE CONTRACT THE CONTRACT THE CONTRACT THE CONTRACT THE CONTRACT THE CONTRACT THE CONTRACT THE CONTRACT THE CONTRACT THE CONTRACT THE CONTRACT THE CONTRACT THE CONTRACT THE CONTRACT THE CONTRACT THE CONTRACT THE CONTRACT THE CONTRACT THE CONTRACT THE CONTRACT THE CONTRACT THE CONTRACT THE CONTRACT THE CONTRACT THE CONTRACT THE CONTRACT THE CONTRACT THE CONTRACT THE CONTRACT THE CONTRACT THE CONTRACT THE CONTRACT THE CONTRACT THE CONTRACT THE CONTRACT THE CONTRACT THE CONTRACT THE CONTRACT THE CONTRACT THE CONTRACT THE CONTRACT THE CONTRACT THE CONTRACT THE CONTRACT THE CONTRACT THE CONTRACT THE CONTRACT THE CONTRACT THE CONTRACT THE CONTRACT THE CONTRACT THE CONTRACT THE CONTRACT THE CONTRACT THE CONTRACT THE CONTRACT THE CONTRACT THE CONTRACT THE CONTRACT THE CONTRACT THE CONTRACT THE CONTRACT THE CONTRACT THE CONTRACT THE CONTRACT THE CONTRACT THE CONTRACT THE CONTRACT THE CONTRACT THE CONTRACT THE CONTRACT THE CONTRACT THE CONTRACT THE CONTRACT THE CONTRACT THE CONTRACT THE CONTRACT THE CONTRACT THE CONTRACT THE CONTRACT THE CONTRACT THE CONTRACT THE CONTRACT THE CONTRACT THE CONTRACT THE CONTRACT THE CONTRACT THE CONTRACT THE CONTRACT THE CONTRACT THE CONTRACT THE CONTRACT THE CONTRACT THE CONTRACT THE CONTRACT THE CONTRACT THE CONTRACT THE CONTRACT THE CONTRACT THE CONTRACT THE CONTRACT THE CONTRACT THE CONTRACT THE CONTRACT THE CONTRACT THE CONTRACT THE CONTRACT THE CONTRACT THE CONTRACT THE CONTRACT THE CONTRACT THE CONTRACT THE CONTRACT THE CONTRACT THE CONTRACT THE CONTRACT THE CONTRACT THE CONTRACT THE CONTRACT THE CONTRACT THE CONTRACT THE CONTRACT THE CONTRACT		1 -	1.0000000	MARK			
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29e. CERTIFIER (Check only 2 MEDICAL EXAMINI			Type, Print)		D266				

uid be detached for use as the burial-transit d by the hospital or attending physician. RYLAND 21203-3146 TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 TO THE PUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fundral director. be filed within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial. cremation, or removal.

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

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TO THE HOSPITAL OR ALLENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death, Page 6 may be	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 🎢	be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must
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1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM			ENTAL HYGIENI REG. NO.	E				
1. DECEDENT'S NAME (First, Micjolie, Leet) The MA		LANCASTE	ster		DATE OF DEATH DA	3 90	3. TIME OF DEATH			
98. FACILITY NAME (If not institution, give str	1 🗆 M 2 🗡 F	74 YRS. MC	UNDER 1 YEAR INTHS DAYS	HOURS MIN.	Month, Day, War)	Cour	nsylvania			
RESIDENCE OF DECEDENT  10a. STATE  Maryland  Balt	10e. STATE 10b. COUNTY 16c. CITY, TOWN OR LOCATION 10c. CITY, TOWN OR LOCATION 10c. CITY, TOWN OR LOCATION 10c. CITY, TOWN OR LOCATION 10c. CITY, TOWN OR LOCATION 10c. CITY, TOWN OR LOCATION 10c. CITY, TOWN OR LOCATION 10c. CITY, TOWN OR LOCATION 10c. CITY, TOWN OR LOCATION 10c. CITY, TOWN OR LOCATION 10c. CITY, TOWN OR LOCATION 10c. CITY, TOWN OR LOCATION 10c. CITY, TOWN OR LOCATION 10c. CITY, TOWN OR LOCATION 10c. CITY, TOWN OR LOCATION 10c. CITY, TOWN OR LOCATION 10c. CITY, TOWN OR LOCATION 10c. CITY, TOWN OR LOCATION 10c. CITY, TOWN OR LOCATION 10c. CITY, TOWN OR LOCATION 10c. CITY, TOWN OR LOCATION 10c. CITY, TOWN OR LOCATION 10c. CITY, TOWN OR LOCATION 10c. CITY, TOWN OR LOCATION 10c. CITY, TOWN OR LOCATION 10c. CITY, TOWN OR LOCATION 10c. CITY, TOWN OR LOCATION 10c. CITY, TOWN OR LOCATION 10c. CITY, TOWN OR LOCATION 10c. CITY, TOWN OR LOCATION 10c. CITY, TOWN OR LOCATION 10c. CITY, TOWN OR LOCATION 10c. CITY, TOWN OR LOCATION 10c. CITY, TOWN OR LOCATION 10c. CITY, TOWN OR LOCATION 10c. CITY, TOWN OR LOCATION 10c. CITY, TOWN OR LOCATION 10c. CITY, TOWN OR LOCATION 10c. CITY, TOWN OR LOCATION 10c. CITY, TOWN OR LOCATION 10c. CITY, TOWN OR LOCATION 10c. CITY, TOWN OR LOCATION 10c. CITY, TOWN OR LOCATION 10c. CITY, TOWN OR LOCATION 10c. CITY, TOWN OR LOCATION 10c. CITY, TOWN OR LOCATION 10c. CITY, TOWN OR LOCATION 10c. CITY, TOWN OR LOCATION 10c. CITY, TOWN OR LOCATION 10c. CITY, TOWN OR LOCATION 10c. CITY, TOWN OR LOCATION 10c. CITY, TOWN OR LOCATION 10c. CITY, TOWN OR LOCATION 10c. CITY, TOWN OR LOCATION 10c. CITY, TOWN OR LOCATION 10c. CITY, TOWN OR LOCATION 10c. CITY, TOWN OR LOCATION 10c. CITY, TOWN OR LOCATION 10c. CITY, TOWN OR LOCATION 10c. CITY, TOWN OR LOCATION 10c. CITY, TOWN OR LOCATION 10c. CITY, TOWN OR LOCATION 10c. CITY, TOWN OR LOCATION 10c. CITY, TOWN OR LOCATION 10c. CITY, TOWN OR LOCATION 10c. CITY, TOWN OR LOCATION 10c. CITY, TOWN OR LOCATION 10c. CITY, TOWN OR LOCATION 10c. CITY, TOWN OR LOCATION 10c. CITY, TOWN OR LOCATION 10c. CITY, TOWN OR LOCATION 10c. CITY, TOWN OR LOCATION 10c. CI						County 10d, INSIDE CITY			
							1 YES 2 NO			
7							•			
3 Widowed 4 Divorced										
	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 6 +)  16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)									
17. FATHER'S NAME (First, Middle, Last)		LIDIALIA	11	16. MOTHER'S NAME						
Leonard Lancaster										
190. INFORMANT'S NAME (Type/Print)				nd Number or Rural Rou						
Ted Potthast		606 Ba		Ave., To						
20a. METHOD OF DISPOSITION 11 Burlel 2   Cremation 3   Remo	Woo	odlawn,	Md.							
21. SIGNATURE OF FUNERAL SERVICE LIC	mll	o York Ro								
shock, or heart failure. II IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, isading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	disease or condition resulting in death)  B. Due to (or as a consequence of):  A THEROSCLEROS / 5 .  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):									
PART II. Other significant condition	s contributing to deeth i	out not resulting in	the underlying	ceuse given in Pr	PERFOR	MED?	Ib. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
25. WAS CASE REFERRED TO MEDICAL EXAMINERS	HOSPITAL:			ACE OF DEATH (Check	k only one)		*			
	1 USS 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA Nursing Home 5 Residence 6 Other (Specify)  27. MANNER OF DEATH  28a. DATE OF INJURY 2 (Month. Day, Year) (Month. Day, Year) (Month. Day, Year) (Month. Day, Year)									
	CIAN: To the best of my known:  R: On the basis of examination						o(s) and manner as stated,			
298. SIGNIVOTE INC TITLE OF CONTR	19th Called m D-12849 1-23-90									
31. DATE FILED (Month, Day, Year)	2 ADI,	MD 70	000	DSLE	PDr.7	owso.	n Mag			
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DHMH-18 Rev 1/89

1 - FOR STATE REGISTRAR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO.

	REGISTRAR		CE	RTIF	CATE O	F DEATH	REG	G. NO.			
1	1. DECEDENT'S NAME (First, Middle, Lest) CHAR	TEC 1	lenry	4	MILLER		2. DATE OF DE	DAY	YEAR	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER		AGE (In yrs. lest		MILLER IF UNDER 1 YEA		1-21-		T e BIETT	10:20PM M	
	218-26-7238	1 M 2 - F	58	YRS.	MONTHS DAY	10/22/1931 Maryland					
œ	9a. FACILITY NAME (If not institution, give sti UNION MEMORIALH					N OR LOCATION OF DE		9c. CO	OUNTY OF D	EATH	
6	RESIDENCE OF DECEDENT	OSPITAL				TIMORE CIT	L'Y				
H.	10a. STATE 10b. COUNTY			10c. CIT	r, TOWN OR LO	cation Ltimore Ci	,			10d. INSIDE CITY LIMITS?	
٥	Maryland 100. STREET AND NUMBER				Da	TYPES 2 NO					
FUNERAL DIRECTOR	706 East Coldspring	J Lane 212	21.2			$\mathcal{A}$ .					
BY	11. MARITAL STATUS 1 Never Married XX Married 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES?	EVER IN U.S. ARM YES 2 MH OR DATES MY	AED O	13. WAS I	Specify Cuben, Mexica (ES 2-14 NO Specify	NC ORIGIN? (Spe in, Puerto Rican, i y:	cify Yes or No— itc.)	14. RACE Black Speci	— American Indian, c, Whita, atc.  Black	
	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  12th Grade  16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)  Firefighter  16b. KIND OF BUSINESS/INDUSTRY  Baltimore City Fire Department										
91									ty		
COMPLETED	12th Grade Firefighter Fire Department 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Last)									ent	
BE	190. MAILING ADDRESS (Street and Number or Flural Houte Number, City or Town, State, Zip Code)										
일	Charles R. Miller	r		393	3 Edno	r Road, Ba	ltimore	, Mary	land	21218	
	204 METHOD OF DISPOSITION  AVAIBURIS 2 A D Cramation 3 Remo	wal from State	ather ate			cometery, cromatory or Veterans		own, Stata S, Mcl.			
	21. SIGNATURE OF JUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY Nutter Funeral Homes, Inc. 21216									216	
	my	roc	lus			Gwynns F				ore, Md.	
	23. PARTA. Enter the dispases, or cahock, or heart failure. It IMMEDIATE CAUSE (Final disease or condition resulting in death)	ARTERIO		TIC (	CARDIO	ASCULAR D		r reapiratory i	irreat,	Approximate interval Between Onset and Death	
TION	Sequentially list conditions, if any, leading to immediate	DUE TO (O	R AS A CONSEQ	UENCE O	F):	<u> </u>					
EDICAL CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (O	R AS A CONSEO	UENCE O	F):						
뜅	DART II ON THE WAY A STANKING TO			44						1	
Σ	PART II. Other algorificant condition	contributing to da	ath out not re	eauiting	in the under	ying cause given in		MAS AN AUTOPS PERFORMED? XES 2  NO		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?  XXX YES 2 NO	
AN	25. WAS CASE REFERRED TO MEDICAL				24	. PLACE OF DEATH (Ch	and and and				
S	EXAMINER?	HOSPITAL:	B/Outpetlant 3	□ noa	OTHER:	fome 5 Residence					
PHYSICIAN:	27. MANNER OF DEATH  XXXX Natural 5 Pending	E OF 28c.	INJURY AT WORK?		HOW INJURY (	OCCURED					
TED BY	2 Accident Investigation 3 Suicide 8 Could not be determined	me, farm,	street, factory, o		281. LOCATION City or Town	(Street and Num n, State)	ber or Rural	Route Number,			
COMPLETED	29a. CERTIFIER 1 CERTIFYING PHYSIC One) 1 CERTIFYING PHYSIC One) 1 CERTIFYING PHYSIC ONE) 1 CERTIFYING PHYSIC ONE) 1 CERTIFYING PHYSIC ONE) 1 CERTIFYING PHYSIC ONE) 1 CERTIFYING PHYSIC ONE) 1 CERTIFYING PHYSIC ONE) 1 CERTIFYING PHYSIC ONE) 1 CERTIFYING PHYSIC ONE) 1 CERTIFYING PHYSIC ONE) 1 CERTIFYING PHYSIC ONE) 1 CERTIFYING PHYSIC ONE) 1 CERTIFYING PHYSIC ONE) 1 CERTIFYING PHYSIC ONE) 1 CERTIFYING PHYSIC ONE) 1 CERTIFYING PHYSIC ONE) 1 CERTIFYING PHYSIC ONE) 1 CERTIFYING PHYSIC ONE) 1 CERTIFYING PHYSIC ONE) 1 CERTIFYING PHYSIC ONE) 1 CERTIFYING PHYSIC ONE) 1 CERTIFYING PHYSIC ONE) 1 CERTIFYING PHYSIC ONE) 1 CERTIFYING PHYSIC ONE) 1 CERTIFYING PHYSIC ONE) 1 CERTIFYING PHYSIC ONE) 1 CERTIFYING PHYSIC ONE) 1 CERTIFYING PHYSIC ONE) 1 CERTIFYING PHYSIC ONE) 1 CERTIFYING PHYSIC ONE) 1 CERTIFYING PHYSIC ONE) 1 CERTIFYING PHYSIC ONE) 1 CERTIFYING PHYSIC ONE) 1 CERTIFYING PHYSIC ONE) 1 CERTIFYING PHYSIC ONE) 1 CERTIFYING PHYSIC ONE) 1 CERTIFYING PHYSIC ONE) 1 CERTIFYING PHYSIC ONE) 1 CERTIFYING PHYSIC ONE) 1 CERTIFYING PHYSIC ONE) 1 CERTIFYING PHYSIC ONE) 1 CERTIFYING PHYSIC ONE) 1 CERTIFYING PHYSIC ONE) 1 CERTIFYING PHYSIC ONE) 1 CERTIFYING PHYSIC ONE) 1 CERTIFYING PHYSIC ONE) 1 CERTIFYING PHYSIC ONE) 1 CERTIFYING PHYSIC ONE) 1 CERTIFYING PHYSIC ONE) 1 CERTIFYING PHYSIC ONE) 1 CERTIFYING PHYSIC ONE) 1 CERTIFYING PHYSIC ONE) 1 CERTIFYING PHYSIC ONE) 1 CERTIFYING PHYSIC ONE) 1 CERTIFYING PHYSIC ONE) 1 CERTIFYING PHYSIC ONE) 1 CERTIFYING PHYSIC ONE) 1 CERTIFYING PHYSIC ONE) 1 CERTIFYING PHYSIC ONE) 1 CERTIFYING PHYSIC ONE) 1 CERTIFYING PHYSIC ONE) 1 CERTIFYING PHYSIC ONE) 1 CERTIFYING PHYSIC ONE) 1 CERTIFYING PHYSIC ONE) 1 CERTIFYING PHYSIC ONE) 1 CERTIFYING PHYSIC ONE) 1 CERTIFYING PHYSIC ONE) 1 CERTIFYING PHYSIC ONE) 1 CERTIFYING PHYSIC ONE) 1 CERTIFYING PHYSIC ONE) 1 CERTIFYING PHYSIC ONE) 1 CERTIFYING PHYSIC ONE) 1 CERTIFYING PHYSIC ONE) 1 CERTIFYING PHYSIC ONE) 1 CERTIFYING PHYSIC ONE) 1 CERTIFYING PHYSIC ONE) 1 CERTIFYING PHYSIC ONE) 1 CERTIFYING PHYSIC ONE) 1 CERTIFYING PHYSIC ONE) 1 CERTIFYING PHYSIC ONE) 1 CERT					date and place, and due				s) and manner as stated.	
CC	296 SIGNATURE AND TITLE OF CENTIFEE	100	4	1		29c. LICENSE NUI	MBER	29d. D	ATE SIGNES	(Month, Day, Year)	
00	Nams F.	Delle	41 M	4		OCME		•	1-22-		
임	30. NAME AND ADDRESS OF PERSON WHO	,	OF DENTH (ITEM	1 27) (Type	Print)	,			no be be	- V	
	MARIO F. GOLLE,	JR.,MD	S SIGNATURE	111	. Penn	Street,Bal	ltimore	MD 212	01	VC	
	IAN 0 C 1000 /										

1

LAND 21203-3146

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with four after death. Page TO THE FUNERAL DIRECTION: After this certificate has been signed by the attending physician and completely filled in by the funeral direction of the funeral direction of the funeral direction within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	FOR 1 - STATE REGISTRAR	STATE OF M		DEPAR ERTIF					MENTAI	HYGIEN		50	0170		
		elle H.							2. DATE MONTH	DF DEATH D	1990	EAR	TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 220 – 09 – 2002	5. SEX 1 □ M 2XX F	6. AGE (In yrs. les 72	YRS.	IF UNDER	DAYS	HOURS	MIN.	7. DATE (Month	DE BIRTH 1 Day, Year) 1 - 9 - 19	17	BIRTHPLA Country)	N. C.		
OR		ad ad				town o		DN DF DE	<u> </u>		9c. COUNTY	OF DEATH	4		
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY				v, town		TION			10d. INSIDE CITY LIMITS? 1 X YES 2 ND					
FUNERAL	100. STREET AND NUMBER 5018 Pimlico R	load				101	212					S A	COUNTRY?		
BY FUN									in, Puarlo I		or No — 14	Black, WI	American Indian, hita, atc. Black		
COMPLETED										TRY					
17. FATHER'S NAME (First, Middle, Laet)  John Watson  18. MOTHER'S NAME (First, Middle, Malden Surname) henrietta Caveness															
10 8	19a. INFORMANT'S NAME (Type/Print)  Marcelle Taylor  19b. MAILING ADDRESS (Street and Number or Faral Route Number, City or Town, State, Zip Code) 7000 Mc Clean Blvd Baltimore, Md 21234														
	20g. METHOD OF DISPOSITION 7 1 \( \tilde{\Delta} \) Burlet 2 \( \tilde{\Delta} \) Cremetton 3 \( \tilde{\Delta} \) Remote 8 \( \tilde{\Delta} \) Other (Specify)	oval from State	20b. PLACE other o	of Dispo	sition (N	ceme	tery	matory or			ty Ede				
	21. SIGNATURE OF FUNERAL SERVICE US	Man	/		22.	NAME A	h F/	H W		nue					
	23. PART I. Enter the diseases, or canock, or heart failure.  IMMEDIATE (AUSE (Final disease or condition resulting in deeth)	omplications the	caused the dese on each line	eeth. Do	kate	the mo	ade of dy	ving, suc	ch as care	flec or reap	Iratory arres	t,	Approximate interval Between Onset and Death		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO	ON AS A CONSE	To	,	7									
MEDICAL	PART II. Other eignificant condition	a contributing to	deeth but not	reaulting	in the u	nderiyin	g cause	given in	Part I.	24a. WAS AN PERFOI 1 YES 2	RMED?	AM CO DF	RE AUTOPSY FINDINGS ALABLE PRIOR TO MPLETION DF CAUSE DEATH?  YES 2 NO		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	ER/Outpatient	3 🗆 DOA	OTHE	R:			heck only or						
ВУ РНУ	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	28s. DATE OF (Month, D		28b. TIR		28c. IN.	JURY AT ORK? YES 2				INJURY OCCU	RED			
	3 Suicide 6 Could not be determined	28e. PLACE D building,	F INJURY — At he atc. (Specify)	ome, farm,	atreet, fac	ctory, offic	ea .		28f. LDC City	ATION (Street or Town, State	and Number or )	Rural Route	Number,		
COMPLET	29s. CERTIFIER (Check only one) 1 CERTIFYING PHYSI One) 2 MEDICAL EXAMINE												d manner as atated.		
O BE C	29b. BLOMATURE AND TITLE OF CERTIFIES	2					29c. LIC	CENSE NU	MBER 9(0		29d. DATE	35/	grith, Day, Year)		

PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

31. DATE FILED JAN 26 1990

of the thinks with the same

_	1 - STATE REGISTRAR	STATE OF MARYLAND	/ DEPARTMENT OF		ENTAL HYGIEN REG. NO	_	0 0110
	201.0	c Cleary)	) McCI	ary	2. DATE OF DEATH DO NORTH D	Z 98	3. TIME OF DEATH
		5. SEX 6. AGE (In yrs. 1 1 1 M 2/1 F	YRS. MONTHS DA	NYS HOURS MIN.		900	BIRTHPLACE (State or Foreign Country),
TOR	Se. FACILITY NAME (If not institution, give sin UNIVERSITY HOS RESIDENCE OF DECEDENT	iPITAL 225.G	reeny BAL	TO, M	D	9c. COUNTY	OF DEATH
DIRECTOR	10a. STATE 10b. COUNTY		10c. CITY, TOWN OR L	imore			10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	100. STREET AND NUMBER 579 Presstr	ian street	-	101. ZIP CODE 2/2/	7	10g. CITIZEI	USA
B⊀	11, MARITAL STATUS 1 Never Married 2 Aarried 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN U.S.	ARMED 13, WAS	DECENDENT OF HISPANI s, specify Cuban, Maxican YES 2 NO Specify:		a or No— 14	. RACE — American Indian, Black, White, etc. Specify: BIACK
PLETED	15. DECEDENT'S EDUC, (Specify only highest grade of Elementary/Secondary (0-12)	ompleted)	DECEDENT'S USUAL OCCU (Give kind of work done durin life. Do NOT use retired.)		16b. KIND OF BU	SINESS/INDUS	TRY
BE COMPL	17. FATHER'S NAME (First, Middle, Lest) Robert MCC	ran		Rach	IE (First, Middle, Malder	c Cva	y
5	190. INFORMANT'S NAME (Type/Print) Keuin Scher	idel	196. MAILING ADDRESS (SI	eene St	Balt	more	E12, MD, 212
	20e. METHOD OF DISPOSITION  Burlel 2 Cremation 3   4 Donation 6 Other (Specify)	vei from State	place House OSITION (Name	of comotory, cromatory or 15 Mem Po	wh Ar	Dutys	y or Yown, State
	21. SIGNATURE OF FUNGAL SERVICE LICE	m		arch F/H	West Sh Avenue		
Z	IMMEDIATE CAUSE (Fine) disease or condition resulting in death)	DUE TO (OR AS A CONS	nova Ry	Arrest			Interval Betw Onset and D
ERTIFICATION	Sequentially list conditions, if any, isading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONS					
MEDICAL C	PART II. Other significant conditions	contributing to death but no	ot resulting in the Unda	rlying cause given in i	Part I. 246. WAS AI PERFO	RMED?	24b. WERE AUTOPSY FINDIN AMPLIABLE PRIOR TO COMPLETION OF CAUS OF DEATH?  1  YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	OTHER:	26. PLACE OF DEATH (Che	ck only one)		
HAS	1 VES 2 NO 27. MANNER OF DEATH	1 Appetient 2 ER/Outpetient 28s. DATE OF INJURY	3 DOA 4 Nursing	Home 5 Residence	8 ☐ Other (Specify) 28d. DESCRIBE HOW	INJURY OCCU	RED
B⊀	Netural 5 Pending 2 Accident Investigation 3 Suicide 5 Could not be	(Month, Day, Year)  28e. PLACE OF INJURY — At		WORK?	251. LOCATION (Street	and Number or	Rural Route Number,
LETED	4 Homicide determined	building, etc. (Specify)			City or Town, State		
COMPLET	(Check only	EAN: To the best of my knowledge, E. On the bests of examination and/					
BE	296. SIGNATURE AND TITLE OF CERTIFIER	endel Hi	D	29c. LICENSE NUM	BER	29d. DATE S	SIGNED (Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH (I	TEM 27) (Typo, Print)  Greens.	SI DA	00. M	1 31	241
	KAR VINNEL	IVVI) ZC	S. Greeru	A. FM	$\mathbf{U}$	0. 61	201

E, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

A CONTRACTOR OF THE SALE

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

STATE	0F	MARYLAND	1	DEPARTMENT	0F	HEALTH	AND	MENTAL	HYG	IENI
		C	E	RTIFICATE	0	F DEAT	TH		REG.	NO.

FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPART			MENTAL HYGIENI REG. NO.		
1. DECEDENT'S NAME (First, Middle, Lest)		T T			2. DATE OF DEATH		3. TIME OF DEATH
ROBERT W. MICH	HAEL, SR.				MONTH 25	90 EAR	6:00 A.M. M
4. SOCIAL SECURITY NUMBER 5	S. SEX 6. AGE (I		IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		NPLACE (State or Foreign
212-30-4636	× 1 56	YRS.	IONTHS DAYS	HOURS MIN.	(Month, Day, Year) 2-6-33	Coun Ma	ryland
9a. FACILITY NAME (If not institution, give stree			Bb. CITY, TOWN O	R LOCATION OF DE		9c. COUNTY OF	
2210 Ashton Street	•		Ва	ltimore			
RESIDENCE OF DECEDENT							
10s. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOCAT	ION			10d. INSIDE CITY LIMITS?
Maryland		Ba	altimor			<u>.</u>	MX YES 2 NO
10e. STREET AND NUMBER			101	ZIP CODE		10g. CITIZEN OF	WNAT COUNTRY?
2210 Ashton Stree				21223		U.S.	
11. MARITAL STATUS 1  1 Never Married 2 Married	2. WAS DECEDENT EVER IN FORCES? 1 TYPES	U.S. ARMED 2 NO			IIC ORIGIN? (Specify Yea n, Puarto Rican, etc.)	or No- 14, RAC Black	E — American Indian, ck, White, atc.
3 Wildowed 4 Divorced	IF YES, GIVE WICH OR DA	NTES	1   YES	2. NO Specify	r	Spe	
15. DECEDENT'S EDUCAT	Korea	16a. DECEDENT'S U	PUAL OCCUPATIO	M4	16b. KIND OF BUS	INCOC/INDUCTOR	White
(Specify only highest grade co.	mpleted)		rk done during mo		198. KIND OF BUS	MESS/MDUS INT	
Elementary/Secondary (0-12) 12th grade	College (1-4 or 5+)	ਲੜੇ -			Do 1 hours	Odana Titaa	- D t
17. FATHER'S NAME (First, Middle, Last)		F1.	refight		Balto.  ME (First, Middle, Maiden		е рерг.
The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s						Surname)	
Walter T. Michael	_	40h MARI BAC A	DDDESS /Shoot o		a S. Clark Poute Number, City or Town	Ptoto 7in Codol	
7,000		in the second second					
Verna C. Michael	Lan	PLACE OF DISPOSIT			timore, MD	21223 CATION — City or 1	and and
1 S Burial 2 Cremation 3 Remove	al from State	other place)					
4 Donation 5 Other (Specify)		Glen Have		1al Park ID ADDRESS OF FA		<u>en Burni</u>	e, MD
· Jackie	N. Sha	nnen	Hubba	rd Funer	al Home, I Ave. Balt		id. 21229
23. PART Enter the diseases, or con							Approximata
ahock, or heart failure. Lie	at only one cause on e	ach fine.					Onset and Death
iMMEDIATE CAUSE (Final disease or condition	ar asurail	Annuar	Delcis	- A	y dive		2 m
resulting in death) a.	DUE TO (OR AS A	CONSEQUENCE OF	6	3 /	7		1
		1144					
Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE OF):	:				
cause. Enter UNDERLYING							
CAUSE (Disease or injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF)	: ,				
resulting in death) LAST							
PART II. Other significant conditions				g cause given in	Part i. 24s. WAS AN PERFOR		b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
Preum cyster	preunone	2 17	8 7		1 YES 2		COMPLETION OF CAUSE OF DEATH?
Old Can	list ans					1	1 TES 2 NO
Lorony and	las dres	25					
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	T .		ACE OF DEATH (Ch	eck only one)		
	HOSPITAL:		OTHER: 4 - Nursing Hor	e 5 🗆 Residence	6 Other (Specify)		
27. MANNER OF DEATN	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 28c. IN.	JURY AT	284. DESCRIBE HOW I	NJURY OCCURED	
1 Natural 5 Pending 2 Accident Investigation	(manal, pay, row)	1.00		YES 2 NO			
3 Suicide 6 Could not be	28e. PLACE OF INJUSTY building, etc. (Spec		reet, factory, offic	•	281. LOCATION (Street and City or Town, State)		l Route Number,
4 Homicide determined	- Copon	**			only or rown, dialo		
29a. CERTIFIER 1 CERTIFYING PHYSICI	AN: To the best of my know	ledge, death occurred	f at the time, date	and place, and due	to the cause(a) and man	nner as stated.	-
(Check only one) 2 MEDICAL EXAMINER:							(a) and manner as stated.
29b. SIGNATURE AND TITLE OF CERTIFIER	and the second second	72.121	- Aller	29c. LICENSE NUI			
The order of the order of the order	0					AND DATE SIGNE	D (Month, Dey, Year)
30. NAME AND ADDRESS OF PERSON WHO	COMBIETED CAUSE OF THE	ATM STEM ST. Co.	Christ)	0247	5 /	1/2	3/ 42
Charles Graham,		29	y Frede	rick Roa	d Catonsy	ille, Mo	21228
JAN 2 6 1990	JULY Davidso	A-Mondo					

A 3

use as the burial-transit permit. Pages 1, 2, 3 should or attending physician. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a mount after death. Page 6 may be retained TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 sho be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified.

BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

FOR 1 - STATE

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HEGISTHAH		CENT	IFICAL	E OF	DEATH	HEG. NO.		
1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF DEATH DA	Y YE	3. TIME OF OEATH
TIMOTHY	EDWARD			HLLE		1 20	1990	
4. SOCIAL SECURITY NUMBER 217-54-7520	5. SEX 8	. AGE (In yrs. lest birtho	MONTH	DAYS	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) Nov. 18.	0	BIRTHPLACE (State or Foreign Country) ARYLAND
9s. FACILITY NAME (If not institution, give	street end number)	30	9b. CI	TY, TOWN C	R LOCATION OF DE		9c. COUNTY	
St. Joseph's Ho	spital			Tow	son		Ral	ltimore
RESIDENCE OF DECEDENT	op 1 ou 1			10111			Dai	CINOIC
10s. STATE 10b. COUNT	Υ	10c.	CITY, TOW	OR LOCAT	ION			10d. INSIDE CITY LIMITS?
Maryland Bal	timore		Parkville 1)					
10e. STREET AND NUMBER  3401 Crosshill C  11. MARITAL STATUS  1 X Never Merried 2 Merried  3 Widowed 4 Divorced				101	. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
3401 Crosshill C	t.				21234		u.	SA
11. MARITAL STATUS	12. WAS DECEDENT I	EVER IN U.S. ARMED YES 2 NO	1			IIC ORIGIN? (Specify Yee	or No- 14,	RACE — American Indian, Black, While, etc.
1 X Never Merried 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE WAF		i	1 TES	2 NO Specify	n, Puerto Rican, atc.)		Specify: White
								white
16. DECEDENT'S EDI (Specilly only highest grad Elamentary/Secondery (0-12) 1 2 17. FATHER'S NAME (First, Middle, Last)		16a. DECEDEN	IT'S USUAL	OCCUPATION TO COLUMN TO COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN THE COLUMN TH	ON st of working	16b. KIND OF BUS	INESS/INDUST	RY
Elamentary/Secondery (0-12)	College (1-4 or 5+)			1.)				
12		Pac	cker			Movin	a Compo	anu
17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA	ME (First, Middle, Meiden	Sumeme)	
vonbala v. McPhi	llimy				Evely	n L. Tucke	r	
198. INFORMANT'S NAME (Typerrint)		1			nd Number or Rural I	Route Number, City or Town	n, Stete, Zip Cod	
Evelyn L. McPhil	limy	34	01 C	rossh	ill Ct	Baltimore	. MD	21234
20e, METHOD OF DISPOSITION 1 X Burlet 2 Cremetion 3 Ren	nount from Cont.	20b. PLACE OF DIS	POSITION	(Name of cer	netery, crematory or	20c, LO	CATION — City	or Town, State
4 Donetion 5 Other (Specify)	NOVEL ITOM STEEL		Valle	zu Me	norial G	dns. Ti	monium.	. MD
21. SIGNATURE OF BUHERAL SERVICE L	CENSEE		2	2. NAME A	D ADDRESS OF FA	CILITY		
► B H	(000.0					ENBURG FUN		
23. PartT I. Enter the disapples, or	complications that	county the death i	Do not est	er the mo	de of dulon ave	Rd. Balti	more.	Approximate
shock, or heef/ fellure.  IMMEDIATE CAUSE (Finsi disease or condition resulting in deeth)	a ACUTE CO	MBINED MO	RPHIN			INTOXICAT		Interval Batwee Onest and Deat
Sequentially list conditions,	b	R AS A CONSEQUENC						
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DOE 10 (C	R AS A CONSEQUENC	e orj:					İ
CAUSE (Disease or Injury	C. DUE TO (C	OR AS A CONSEQUENC	E OFI		_			
that initiated events resulting in death) LAST								
	4							
PART II. Other algnificant condition	na contributing to d	eath but not result	ing in tha	underlyin	g ceuse given in	Part I. 24s. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
							1	1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 X YES 2 NO  27. MANNER OF DEATH					LACE OF DEATH (Ch	eck only one)		
EXAMINER? 1 X YES 2 □ NO	HOSPITAL:	ER/Oulpatient 3 D	OTH		ne 5 🗆 Residence	6 Other (Specify)		
27. MANNER OF DEATH	28e. DATE OF IN (Month, Day)		TIME OF		JURY AT DRK?	28d. DESCRIBE HOW I	NJURY OCCUR	ED
I Hattorian 3   Ferroning	1 00 00		• 01 a M		YES 2 NO	UNDETERMI	MED	
2 Accident investigation 3 Suicide 8 Could not be	28e. PLACE OF	INJURY — At home, fr	ırm, street,	factory, offic		26f, LOCATION (Street	end Number or F	Rural Route Number,
4 Homicide determined	HOME.	ic. (Specify)				City or Town, State)	3491-G	ROSS HILL Ct.
290. CERTIFIER							DALLIN	ONE CO. PULL.
(Check only						to the cause(e) end man		ause(a) and manner as stated.
3   Sulcide 4   Homicide   S\(\sum \) Could not be determined  29e. CERTIFIER (Check only one) 2   MEDICAL EXAMIN					29c, LICENSE NUI	MBER	29d. DATE SI	ONED (Month, Day, Ybar)
2/1/1/	MI				OCME		<b>▶</b> 1_	20-90
30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE	OF DEATH (ITEM 27)	(Type, Print)			•		ZV 2V
Frank J. Perett:	i. M.D.			111 F	enn St.	Balto., N	1D 212	201
31. DATE FILED (Month, Dey, Year)	32. REGISTRAR	'S SIGNATURE	1					
JAN 26 1990		n-Randell						

FOR STATE REGISTRAR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	ALGIOTHAN			0.		TOATI		DEA		ni	EG. NO.				
,	1. DECEOENT'S NAME (First, ELBA MAY									2. DATE OF O	DAY		YEAR	3. TIME OF DEATH	
- 1	4. SOCIAL SECURITY NUMB		5. SEX	6, AGE (In yrs. les	A Strate of co. 1	1		T		7. DATE OF BI	25			PLACE (State or Fore	
1	212-40-188		1 M 2 X F	84	YRS.	MONTHS	DAYS	HOURS	MIN,	10/10			Country	yland	ngn
	9a. FACILITY NAME (If not in	stitution, give s	treet and number)		_	9b. CITY	, TOWN	OR LOCATI	ON OF DE		T	9c. COU	NTY OF DI	EATN	
OR	Baltimore		General	Hosp.		Ra	anda	11st	own			Bal	Ltimo	re	
5	RESIDENCE OF DEC														
DIRECTOR	Mryland	Balt	imore			ndal								10d. INSIDE CITY LIMITS? 1 YES 2 X N	10
	10e. STREET AND NUMBER				L		10	. ZIP COD	E			10a. CITI	ZEN OF W	HAT COUNTRY?	
FUNERAL	3912 Susan	na Roa	ad		21133 U.S.										
3	11. MARITAL STATUS			T EVER IN U.S. AR						14. RACE	- American Indian White, atc.	٦,			
4	1 Never Married 2	10			ecify Cubi		n, Puerto Rican	, etc.)		Specif	Aze				
ВУ	3 XWidowed 4 Divorced IF YES, GIVE WAR OR DATES 1 YES 2 XNO Specify: Specify: W									White					
COMPLETED	15, DEC (Specify onl)	ive kind of	USUAL O	during mo	DN ast of worki	ng	16b. KIN	OF BUSI	NESS/INC	DUSTRY					
	Elementary/Secondary (6		rea retired.)												
MP	8th grade Homemaker														
8	17. FATHER'S NAME (First, M							ME (First, Middle		umame)					
BE	George W.		ner							Tina H					
0	19a. INFORMANT'S NAME (									Route Number, C	,			01000	
-	Jean Floren									altimor				21230	
	20a. METHOD OF DISPOSIT  1X Burlal 2 Crematic	on 3 🗆 Ram	oval from Stata	other pi	sce)		4 (Name of cemetery, cremetery or 20c. LOCATION — City or Town, Stat					*			
	4 Donation 8 Other  21, SIGNATURE OF FULL	on Pa			tery			Balt	1mo1	re, r	, Maryland				
	21, SIGNATURE OF FURE				NO ADDRE		al Home	т.,							
	Jones	7. 3	mite	/						Ave. I			a. Md	1. 21229	9
	23. PART I. Enter the d shock, or h IMMEDIATE CAUSE (Fir disease or condition resulting in death)	sert fellure.	List only one cs		١.						or respire	atory an	rest,	Approxima Interval Be Onset and	tween
CERTIFICATION	Sequentially list condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or Inju- that Initiated events resulting in death) LAS	dieta ING ury	b. OUE TO	O (OR AS A CONSE	OUENCE O	OF):									
	PART il. Other algnifica	ant condition	ns contributing to	deeth but not	reauiting	in the u	ndariyin	g cause	given in	Part I. 24s	. WAS AN A		24b	. WERE AUTOPSY FIN	
MEDICAL											PERFORM	_		AVAILABLE PRIOR T	
										_   ''	TES 24	NO		OF DEATH?	
- 1										_				1 1 1 1 2 2 1 14	
AN	25. WAS CASE REFERRED T	O MEDICAL					26. P	LACE OF I	DEATH (C)	neck only one)					
200	EXAMINER?		HOSPITAL:	☐ ER/Outpatient 3	[] 00A	OTHE	R:		-1155	8 Other (Sp	M 3				
PHYSICIAN:	27, MANNER OF DEATN		28a. DATE O		28b. TII			JURY AT	esiderica	28d. OESCRIE		JURY OC	CURED		
		Pending Investigation		Day, Ybar)	IN	JURY M	W	YES 2	_ NO						
ВУ	2 Accident 3 Suicide	Could not be	28e. PLACE	OF INJURY — At he	ome, farm,	stree1, fac	ctory, offic	De .		26f. LOCATIO	N (Street ar	nd Numbe	r or Rural I	Route Number,	
COMPLETED	4 Nomicide	detarmined	building	, atc. (Specify)						City or To	wri, State)				
91	29a. CERTIFIER	TIEVING PHYS	ICIAN: To the best of	f my knowledge d	anth annua	read at the	time det	n and also	o and du	to the anuncio	and man				
₽ I	Correction or my		ER: On the basis of											a) and manner as st	ated.
8											,				
BE	= 296. SIGNATURE AND TITLE	OF CERTIFIE	ret .						ENSE NU			29d, DAT	1 /2	(Month, Day, Year)	
2	= IMULT / 1 MCLUF MD D34951  30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  [EPMAND P. Thack MD Both had been & 1/27.														
	EPMUND/	1	we mo	pal 1	1	/		01	1.2						- 1
	31 DATE EN ED (Month Day	Manri	32 REGISTS	AR'S SIGNATURE	no	41.	~ <i>j</i>	5 1	d. 1	•	_	_			
	JAN 26	1990	Siche te	ide De	400										
				والمقداة السيطيب بأساك											

require by the hospital or attending physician. 5 should be detached for use as the burlal-transit permit, Pages 1, 2, 3 should

ed at once.

**ARYLAND 21203-3146** 

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page I TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral direct be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner in

DHMH-16 Rev 1/89

Barrier Street

NO. NO.

	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic evont, the medical examiner must be notified at once.
or removal.	medical examin
hal, cre thon,	c event, the
be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, created	ther traumation
nd Mental Hygi	Injury, or o
it. of Health ar	shows any
he State Dep	I, or item 23 show
death with t	s marked,
2 hours after	I Item 28 I
filed within 7.	PORTANT: 1
2	3

	1 - FOR STATE OF MARYLAND / DEPARTMENT OF MERITARE CERTIFICATE OF MARYLAND / DEPARTMENT OF MERITARE CERTIFICATE OF MARYLAND / DEPARTMENT OF MERITARE CERTIFICATE OF MARYLAND / DEPARTMENT OF MERITARE CERTIFICATE OF MARYLAND / DEPARTMENT OF MERITARE CERTIFICATE OF MARYLAND / DEPARTMENT OF MERITARE CERTIFICATE OF MERITARE CERTIFICATE OF MERITARE CERTIFICATE OF MERITARE CERTIFICATE OF MERITARE CERTIFICATE OF MERITARE CERTIFICATE OF MERITARE CERTIFICATE OF MERITARE CERTIFICATE OF MERITARE CERTIFICATE OF MERITARE CERTIFICATE OF MERITARE CERTIFICATE OF MERITARE CERTIFICATE OF MERITARE CERTIFICATE OF MERITARE CERTIFICATE OF MERITARE CERTIFICATE OF MERITARE CERTIFICATE OF MERITARE CERTIFICATE OF MERITARE CERTIFICATE OF MERITARE CERTIFICATE OF MERITARE CERTIFICATE OF MERITARE CERTIFICATE OF MERITARE CERTIFICATE OF MERITARE CERTIFICATE OF MERITARE CERTIFICATE OF MERITARE CERTIFICATE OF MERITARE CERTIFICATE OF MERITARE CERTIFICATE OF MERITARE CERTIFICATE OF MERITARE CERTIFICATE OF MERITARE CERTIFICATE OF MERITARE CERTIFICATE OF MERITARE CERTIFICATE OF MERITARE CERTIFICATE OF MERITARE CERTIFICATE OF MERITARE CERTIFICATE OF MERITARE CERTIFICATE OF MERITARE CERTIFICATE OF MERITARE CERTIFICATE OF MERITARE CERTIFICATE OF MERITARE CERTIFICATE OF MERITARE CERTIFICATE OF MERITARE CERTIFICATE OF MERITARE CERTIFICATE OF MERITARE CERTIFICATE OF MERITARE CERTIFICATE OF MERITARE CERTIFICATE OF MERITARE CERTIFICATE OF MERITARE CERTIFICATE OF MERITARE CERTIFICATE OF MERITARE CERTIFICATE OF MERITARE CERTIFICATE OF MERITARE CERTIFICATE OF MERITARE CERTIFICATE OF MERITARE CERTIFICATE OF MERITARE CERTIFICATE OF MERITARE CERTIFICATE OF MERITARE CERTIFICATE OF MERITARE CERTIFICATE OF MERITARE CERTIFICATE OF MERITARE CERTIFICATE OF MERITARE CERTIFICATE OF MERITARE CERTIFICATE OF MERITARE CERTIFICATE OF MERITARE CERTIFICATE OF MERITARE CERTIFICATE OF MERITARE CERTIFICATE OF MERITARE CERTIFICATE OF MERITARE CERTIFICATE OF MERITARE CERTIFICATE OF MERITARE CERTIFICATE OF MERITARE CERTIFICATE OF MERITARE CERTIFICATE OF MERITARE CERTIFICATE CERTIFICAT		MENTAL HYGIENE REG. NO.	9	0 0170					
	1. DECEDENT'S NAME (First, Middle, Last) THERESA E. MILLER		2. DATE OF DEATH MONTH DAY	YEAR (C/)	3. TIME OF DEATH					
	4. SOCIAL SECURITY NUMBER 6. SEX 6. AGE (In yrs. last birthday) if UNDER 1 YEA	R IF UNDER 24 HRS.	7. DATE OF BIRTH	70	PLACE (State or Foreign					
	212 7/ F/20 I MA DE CO MONTHS DAYS HOURS MIN. (Month, Day, (bar) Country									
	90. FACILITY NAME (# not institution, give street and number)  92. THS.   11/26/1897   Mary 1  94. CITY, TOWN OR LOCATION OF DEATH   95. COUNTY OF DEATH									
DIRECTOR	M - 1 1 1 - 11 11	150N		Baltimo						
Ä	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LC	CATION			10d, INSIDE CITY LIMITS?					
	Maryland Baltimore Arbutu	S			1 YES 2 NO					
AL	10a. STREET AND NUMBER	10f. ZIP CODE	1	og. CITIZEN OF W	HAT COUNTRY?					
ij	5605 Chelwynd Road	21227		U.S.A.						
BY FUNERAL	11. MARITAL STATUS  1 Never Married 2 Married  1 Never Married 2 Married  3 Widowed 4 Divorced  12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES  13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— If yes, specify Cuben, Maxican, Puerto Rican, etc.)  1 YES 2 NO Specify:  1 YES 2 NO Specify:									
	3 Wildowed 4 Divorced  15. DECEDENT'S EDUCATION  160. DECEDENT'S USUAL OCCUPATION  160. KIND OF BUSINESS/INDUSTRY									
COMPLETED	(Specify only highest grade completed) (Give kind of work done during life. Do NOT use retired.)	most of working	Total Kind of Books	LOGANDOSTAT						
7	Homemaker									
9	17. FATHER'S NAME (First, Middle, Lest)	18. MOTHER'S NAM	NE (First, Middle, Maiden Sui	mame)						
	George Kroener	Annie	Fish							
BE (	19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Str.			State, Zip Code)						
9	Vernon J. Miller 5605 Chelwy	nd Road	Baltimore,	Md. 21.	227					
	20a. METHOD OF DISPOSITION 1			TION — City or Ton						
	4 Donetton 6 Other (Specify) Baltimore Nati	onal Cemet	ery Balt	imore,	Maryland					
	Hubb	and Address of FAC	l Home, Inc ve. Baltim							
	23. PARTI. Enter the diseases, or complications that caused the death. Do not enter the	mode of dving, auch	as cardiac or respirat	pry arrest.	21229 Approximate					
	ahock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):	4			Interval Between Onset and Death					
ATION	Sequentially list conditions, If any, laading to immediata ceuse. Enter UNDERLYING									
CERTIFICATION	CAUSE (Disease or Injury that Initiated eventa resulting in death) LAST			4 7						
	PART II. Other algorificant conditions contributing to death but not resulting in the underl	ying cause given in i	Part I. 24a, WAS AN AU		WERE AUTOPSY FINDINGS					
PHYSICIAN: MEDICAL			PERFORME  1 YES 2		AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?  1 YES 2 NO					
ž										
CIA	25. WAS CASE REFERRED TO MEDICAL 22. EXAMINER? HOSPITAL: OTHER:	, PLACE OF DEATH (Che	ck only one)							
YSI	1 YES 2 NO 1 Inpetient 2 ER/Outpetient 3 DOA 4 Nursing	Home 5 - Reeldence	8 Other (Specify)							
ву Рн	4 57 Network 9 (Month, Day, Year) INJURY	INJURY AT WORK?  YES 2 NO	28d. DESCRIBE HOW INJ	URY OCCURED						
	3 Suicide 5 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, building, etc. (Specify)	office	28f. LOCATION (Street end City or Town, State)	LOCATION (Street end Number or Rural Route Number, City or Town, State)						
COMPLETED	29e. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, one)  2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion				end menner sa stated,					
8	296. SIGNATURE AND TITLE OF CERTIFIER  MUVICIA ("Konsolevalu" us)	29c, LICENSE NUM D 2 10		DATE SIGNED	(Month, Day, Year) 5-90					
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  Scalia KOWALEWSICI MI) 2900 E. Baltin	nore St. 1	Baltimore.	Md. 212	224					
	31. DATE FILED (Month, Day, Your)  32. REGISTRAR'S SIGNATURE  1AN 2 6 1990  Sha Davidson Renders									

3. TIME OF DEATH

90	01	7	0
90	U	1	U

2. DATE OF DEATH MONTH

24

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			Page
			permit. Pages 1, 2, 3 should
	:, MARYLAND 21203-3146	physician.	page 5 should be detached for use as the burial-transit pe
	=	A Page 6 may be retained by the hospital or attending pl	94
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must be notified at once.

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be exceeded TO THE FUNERAL DIRECTIOR. After this certificate has been signed by the attending physician and be fined within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to huntil IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other trauments.

DIVISION OF VITAL RECORDS, P.O. BOX 13

	JOSEPH P		EVICIUS							MONTE	24	F 9	PO	0540 M	
	4. SOCIAL SECURITY NUMB	ER	5. SEX	8. AGE (In yrs. I	est birthday)		R 1 YEAR		R 24 HRS.	7. DATE	OF BIRTH , Day, Year)		8. BIRTHPL Country)	ACE (State or Foreign	
	216-32-104	8	132 M 2   F	87	YRS.	MONTHS	DAYS	HOURS	MIN.	9/1	2/02	_	Lith	uania	
	9s. FACILITY NAME (If not ins	etitution, give str	eet and number)			9b. CITY	r, TOWN C	R LOCATI	ION OF DE	HTA		9c. COUN	TY OF DEA	ГН	
8	St. Agnes	Hospit	al			Ва	altin	nore							
5	RESIDENCE OF DEC	EDENT 10b. COUNTY			T 40 - 017	W. 2004001	OR LOCAT	1011							
DIRECTOR	Maryland		ltimore		100, 011	Arbi		ION						Dd. INSIDE CITY	
	10e. STREET AND NUMBER	Da	TCIMOTE			ALUC		ZIP COD				1 ☐ YES 2 🖾 NO			
RA	5229 Arbut	110 A110					101					U.S.A.			
FUNERAL	11. MARITAL STATUS	us Ave	12. WAS DECEDEN	T EVED IN H.C. A	21227 RIN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN?										
BY	1 Never Married 2 3 Widowed 4 Divor		FORCES? 1	YES 2 X	2 NO If yes, specify Cubsn, Mexican, Pusrio Rican, etc.)						White				
COMPLETED	(Specify only	EDENT'S EDUC highest grade o	ATION completed)		(Give kind of work done during most of working					KIND OF BU	SINESS/IND	USTRY			
٦	Elementary/Secondary (0-	-12)	College (1-4 or 5	+)	lle. Do NOT u	- 10					D		-1		
M	12th grade		Butcher					-	eat P		sing				
2						18. MOT			fiddle, Maiden	Sumame)					
BE	Unknown 198, INFORMANT'S NAME (7)	1.	10. 14411 114	Annara	0.00		Unkr		- Ab - 5		0.11				
2	Kristina I		icine	Ι,					Ave.		er, City or Tow			1229	
	20a, METHOD OF DISPOSITI	_	ICIUS	20h BLAC	E OF DISPO					Ба		CATION — C			
	1∑ Buriel 2 ☐ Crematio 4 ☐ Donation 5 ☐ Other	n 3 🗆 Remo	val from State	Lou	idon I	Park	Maus		matory or					aryland	
	21. SIGNATURE OF FUNERAL	SERVICE LICI	ENSEE	Λ					SS OF FA						
	I Las	111	1J m	Nes							ome,				
	23. PART I. Enter the di	sasses, or c	omplications the	t caused the	death. Do									Md. 21229	
	23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.												Interval Between Onset and Death		
	IMMEDIATE CAUSE (Fin disease or condition	al .	les	Visto	10	01	10	1						Oliset and Death	
	resulting in death)	7	DUE TO	(OR AS A CONS	EQUENCE O	FD: /	- NO							-	
-			Mil	210 3	tomi	nhu	L	lm	16.					į.	
02	Sequentially list conditi		DUE TO	(OR AS A CONS	EOVENCE	F):	_		1	)				†	
8	cause. Enter UNDERLYii CAUSE (Disease or injur	NG	Rac	0) K.	A CONSEQUENCE OF):  F mply slm4.  A CONSEQUENCE OF):  [C, chuy c mets]										
E	that initiated events		DUE TO	OA AS A CONS	AS A CONSEQUENCE OF										
CERTIFICATION	resulting in death) LAS														
	PART II. Other eignifica	nt conditions	contributing to	death but not	t resulting	In the u	nderlyin	cause	alven in	Part I.	24a. WAS AR	ALTOPSY	24b. W	ERE AUTOPSY FINDINGS	
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ours after death. Page 6 may be resulted the property or attending physician. BALTIMORE, MARYLAND 21203-3146

FOR STATE REGISTRAR

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THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within DIVISION OF VITAL RECORDS, P.O. BOX 13

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	Matson Funeral Home, Inc. Millsboro, Delaware 19966													
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LOC City  a to the ca	24s. WAS AI PERFO 1 YES or (Specific HOW Street of Reen, Stein make)(a) and make and place, a	INJURY OCC	UNIED  UNIED  or Flurel Floor  of Sugareo (s) a  sugareo (s)	Interval Oneet a Oneet a Oneet a Oneet a Oneet a Oneet a Oneet a Oneet a Oneet a Oneet a Oneet a Oneet a Oneet a Oneet a Oneet a Oneet a Oneet a Oneet a Oneet a Oneet a Oneet a Oneet a Oneet a Oneet a Oneet a Oneet a Oneet a Oneet a Oneet a Oneet a Oneet a Oneet a Oneet a Oneet a Oneet a Oneet a Oneet a Oneet a Oneet a Oneet a Oneet a Oneet a Oneet a Oneet a Oneet a Oneet a Oneet a Oneet a Oneet a Oneet a Oneet a Oneet a Oneet a Oneet a Oneet a Oneet a Oneet a Oneet a Oneet a Oneet a Oneet a Oneet a Oneet a Oneet a Oneet a Oneet a Oneet a Oneet a Oneet a Oneet a Oneet a Oneet a Oneet a Oneet a Oneet a Oneet a Oneet a Oneet a Oneet a Oneet a Oneet a Oneet a Oneet a Oneet a Oneet a Oneet a Oneet a Oneet a Oneet a Oneet a Oneet a Oneet a Oneet a Oneet a Oneet a Oneet a Oneet a Oneet a Oneet a Oneet a Oneet a Oneet a Oneet a Oneet a Oneet a Oneet a Oneet a Oneet a Oneet a Oneet a Oneet a Oneet a Oneet a Oneet a Oneet a Oneet a Oneet a Oneet a Oneet a Oneet a Oneet a Oneet a Oneet a Oneet a Oneet a Oneet a Oneet a Oneet a Oneet a Oneet a Oneet a Oneet a Oneet a Oneet a Oneet a Oneet a Oneet a Oneet a Oneet a Oneet a Oneet a Oneet a Oneet a Oneet a Oneet a Oneet a Oneet a Oneet a Oneet a Oneet a Oneet a Oneet a Oneet a Oneet a Oneet a Oneet a Oneet a Oneet a Oneet a Oneet a Oneet a Oneet a Oneet a Oneet a Oneet a Oneet a Oneet a Oneet a Oneet a Oneet a Oneet a Oneet a Oneet a Oneet a Oneet a Oneet a Oneet a Oneet a Oneet a Oneet a Oneet a Oneet a Oneet a Oneet a Oneet a Oneet a Oneet a Oneet a Oneet a Oneet a Oneet a Oneet a Oneet a Oneet a Oneet a Oneet a Oneet a Oneet a Oneet a Oneet a Oneet a Oneet a Oneet a Oneet a Oneet a Oneet a Oneet a Oneet a Oneet a Oneet a Oneet a Oneet a Oneet a Oneet a Oneet a Oneet a Oneet a Oneet a Oneet a Oneet a Oneet a Oneet a Oneet a Oneet a Oneet a Oneet a Oneet a Oneet a Oneet a Oneet a Oneet a Oneet a Oneet a Oneet a Oneet a Oneet a Oneet a Oneet a Oneet a Oneet a Oneet a Oneet a Oneet a Oneet a Oneet a Oneet a Oneet a Oneet a Oneet a Oneet a Oneet a Oneet a Oneet a Oneet a Oneet

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 yours after death Page 6 day be retained by the attending physician and completely filled in by the funeral director, page 5 shall be detached to fill within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be publiced at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	. HYGIENE
CERTIFICATE OF DEATH	REG NO

	1 - FOR STATE REGISTRAR	STATE OF MARYLAND / DEP CERT	PARTMENT OF H		MENTAL HYGIENE REG. NO.				
	1. OECEOENT'S NAME (First, Middle, Last)	1. Mac Cul	BBIN		2. DATE OF DEATH MONTH JAN. 22	1990	3. TIME OF DEATH		
	2.1 27 7070	5. SEX 6. AGE (In yrs. last birthd	MONTHS DAVE	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	1892 Con	THPLACE (State or Foreign intry)		
TOR	9a. FACILITY NAME (If not institution, give atre	et and number) RGPEEN WEST	Ph. CITY, TOWN O	NSV/L	NE	BAH	TO. CO,		
DIRECTOR	10a. STATE 10b. COUNTY	HD. C/74 10c.	CITY TOWN OR LOCAT	10N ORK	6179		10d. INSIDE CITY LIMITS? 1 YES 2 NO		
FUNERAL	3623 ELKE	DER RD.	101.	21218	/	10g, CITIZEN O	N OF WHAT COUNTRY?		
BY FUN	11. MARITAL STATUS 1 News Married 2 Merried 3 Widowed 4 Olvorced	ACE — American Indian, ack, White, etc.							
E	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-)2)	ompleted) (Give kind	NT'S USUAL OCCUPATION of of work done during most of use retired.)		18b. KIND OF BUS	NESS/INDUSTRY			
BECOMPLET	17. FATHER'S NAME (First, Middle, Last)	DT CROSS	TEMAK	18. MOTHER'S NAM	AE (First, Middle, Malden	jumame) Pa j	MEP		
TO B48	19a. INFORMANT'S NAME (Type/Print)	7F1)PDS 196. MAII	LING ADDRESS (Street a	nd Number or Rural R	oute Number, City or Town	State, Zip Code)	JIII.		
Acres	20a. METHOD OF DISPOSITION 1 TV Buriel 2 Cremetion 3 Remort 4 Donation 5 Other (Specify)	val from State 20b. PLACE OF DIS	SPOSITION (Name of cen	netery, cremetory or	20c. Loc	ATION — City or	Town, State CITY MD		
FE.	21. SIGNATURE OF FUNERAL SERVICE LICE	HOSEE L. Pair	EVA	ADDRESS OF TA	MERAL	CHE	gez		
	23. DART L Effer the diseases/or co shock/or heart fallers. L	omplications that caused the deeth. I	Do not snter the mo	de of dying, such	ss cerdisc or respi	etory srrest,	Approximete Interval Between		
	IMMEDIATE CAUSE (Fine) disease or condition resulting in death)	DUE TO (OR AS A CONSEQUENCE	1-lean	fclis.	ease		Onset end Desth		
NOI	Sequentielly liet conditions,	OUL TO (OR AS A CONSEQUENCE OUE TO (OR AS A CONSEQUENCE OF THE CONSEQUENCE OF THE CONSEQUENCE OF THE CONSEQUENCE OF THE CONSEQUENCE OF THE CONSEQUENCE OF THE CONSEQUENCE OF THE CONSEQUENCE OF THE CONSEQUENCE OF THE CONSEQUENCE OF THE CONSEQUENCE OF THE CONSEQUENCE OF THE CONSEQUENCE OF THE CONSEQUENCE OF THE CONSEQUENCE OF THE CONSEQUENCE OF THE CONSEQUENCE OF THE CONSEQUENCE OF THE CONSEQUENCE OF THE CONSEQUENCE OF THE CONSEQUENCE OF THE CONSEQUENCE OF THE CONSEQUENCE OF THE CONSEQUENCE OF THE CONSEQUENCE OF THE CONSEQUENCE OF THE CONSEQUENCE OF THE CONSEQUENCE OF THE CONSEQUENCE OF THE CONSEQUENCE OF THE CONSEQUENCE OF THE CONSEQUENCE OF THE CONSEQUENCE OF THE CONSEQUENCE OF THE CONSEQUENCE OF THE CONSEQUENCE OF THE CONSEQUENCE OF THE CONSEQUENCE OF THE CONSEQUENCE OF THE CONSEQUENCE OF THE CONSEQUENCE OF THE CONSEQUENCE OF THE CONSEQUENCE OF THE CONSEQUENCE OF THE CONSEQUENCE OF THE CONSEQUENCE OF THE CONSEQUENCE OF THE CONSEQUENCE OF THE CONSEQUENCE OF THE CONSEQUENCE OF THE CONSEQUENCE OF THE CONSEQUENCE OF THE CONSEQUENCE OF THE CONSEQUENCE OF THE CONSEQUENCE OF THE CONSEQUENCE OF THE CONSEQUENCE OF THE CONSEQUENCE OF THE CONSEQUENCE OF THE CONSEQUENCE OF THE CONSEQUENCE OF THE CONSEQUENCE OF THE CONSEQUENCE OF THE CONSEQUENCE OF THE CONSEQUENCE OF THE CONSEQUENCE OF THE CONSEQUENCE OF THE CONSEQUENCE OF THE CONSEQUENCE OF THE CONSEQUENCE OF THE CONSEQUENCE OF THE CONSEQUENCE OF THE CONSEQUENCE OF THE CONSEQUENCE OF THE CONSEQUENCE OF THE CONSEQUENCE OF THE CONSEQUENCE OF THE CONSEQUENCE OF THE CONSEQUENCE OF THE CONSEQUENCE OF THE CONSEQUENCE OF THE CONSEQUENCE OF THE CONSEQUENCE OF THE CONSEQUENCE OF THE CONSEQUENCE OF THE CONSEQUENCE OF THE CONSEQUENCE OF THE CONSEQUENCE OF THE CONSEQUENCE OF THE CONSEQUENCE OF THE CONSEQUENCE OF THE CONSEQUENCE OF THE CONSEQUENCE OF THE CONSEQUENCE OF THE CONSEQUENCE OF THE CONSEQUENCE OF THE CONSEQUENCE OF THE CONSEQUENCE OF THE CONSEQUENCE OF THE CONSEQUENCE OF THE CONSEQUENCE OF THE CONSEQUENCE OF THE CONSEQUENCE OF THE CONSEQUENCE OF THE CONSEQUENCE OF THE CONSEQU	d wer	nolog	ease turel	lseas	e		
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS A CONSEQUENCE	DE OF):						
	resulting in desth) LAST		Inc. In the underlying		Part i. 24a. WAS AN.	umany I.	24b. WERE AUTOPSY FINDINGS		
EDICAL	PART II. Other significent conditions	contributing to death but not result	ing in the underlying	g ceuse given in	PERFOR  1 YES 2	MEO?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
PHYSICIAN: MEDI							1 ☐ YES 2 ☐ NO		
SICI		HOSPITAL: 1   Inpetient 2   ER/Outpetient 3   DO	OTHER:	ACE OF OEATH (Che					
	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	TIME OF 28c. INJ	URY AT	28d. DESCRIBE HOW II	JURY OCCURED	12 1		
TED BY	2 Accident Investigation 3 Suicide 6 Could not be determined	28a. PLACE OF INJURY — A1 home, fa building, etc. (Specify)		YES 2 NO	28f. LOCATION (Street a City or Town, State)	nd Number or Rui	al Route Number,		
COMPLETED	(Critical Unity	CIAN: To the best of my knowledge, death oc					se(a) and manner as stated.		
BE	29b. SIGNATURE AND TITLE OF CERTIFIER  M W CW	1 Nav		29c, LICENSE NUM  023	IBER		JED (Month, Day, Year)		
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF GEATH (ITEM 27)	(Type, Print) B			ATION	IAL PIKE		
	JAN 26 1990	32. REGISTRAR'S SIGNATURE	9						

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DIVISION OF VITAL RECORDS, P.O. BOX 13

							0 01116
	FOR 1 - STATE REGISTRAR	STATE OF MARYLAN		NT OF HEALTH AND	MENTAL HYGIEN		
	1. DECEDENT'S NAME (First, Middle, Last)	MARSH			2. DATE OF DEATH DOWNTH DOWNTH		
	4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE (In yr	MONT	IDER 1 YEAR   IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Jountry)
	90. FACILITY NAME (If not institution, give str	199M 2 □ F 80	YRS.	CITY, TOWN OR LOCATION OF D	MAY 19.	906 COUNTY	JARYLAND
TOR	LONG GRESA RESIDENCE OF DECEDENT	RURSING J		BALTIMO			
DIRECTOR	10a. STATE 10b. COUNTY	T	10c. CITY, TOV	VN OR LOCATION			10d. INSIDE CITY LIMITS?
	100. STREET AND NUMBER	Timore		101. ZIP CODE		10g. CITIZEN	1 YES 2 NO
FUNERAL	5 CIOSER R	OAO		21093	<u> </u>	V	.A.2.
BY FU	1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.: FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	NO	13. WAS DECENDENT OF HISPA If yes, specify Cuban, Mexic 1 YES 2 NO Specify	an, Puerto Rican, etc.)	or No- 14.	RACE — American Indian, Black, White, atc. Specify:
ED B	15. DECEDENT'S EDUC		a. DECEDENT'S USUA	L OCCUPATION	16b. KIND OF BU	SINESS/INDUST	37,40
LET	(Specify only highest grade of Elementery/Secondary (0-12)	College (1-4 or 5+)	Ilfe. Do NOT use retin		2100	K.C	Jackap
COMPLET	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S N	AME (First, Middle, Maiden	Surname)	JECKER I
BE	19a, INFORMANT'S NAME (Typo/Print)	J. MAR	1 - 4	RESS (Street and Number or Rural	BOUTE Number City of Tow	n State Zio Coo	ESTERLINS
10	FAMILY	SCORDS	SA	ME AS 1	ABOVE		
	20a. METHOD OF DISPOSITION  1  Burlal 2 Cremation 3 Remo 4 Donation 5 Other (Specify)	rvat from State of	LACE OF DISPOSITION ther place)	(Name of cemetery, crematory or	20c. LC	CATION — City	or Town, State
	21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE		22. NAME AND ADDRESS OF F	CHILLY TO FC	Hime!	2
	23. PART I. Enter the diseases, or co	2 Nemo, A	n death De eat a	2325 YORK	ROAD -	Time	mine
	shock, or heart failure. L	List only one cause on each	line.			ratory arrest	Approximata Interval Between Onset and Death
	disease or condition resulting in death)	DUE TO (OR AS A CO		earl faile	A		
		(40- las	- 00 los	4 /0 1-	- 1/2.22	m n	
N	Sequentially list conditions 6	eruer	0 2000	ouc laxue	2 Vascus	The Carry	sease
CATION	Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CO	DNSEQUENCE OF):	ouc losse	o Vascue	Cary	sease
TIFICATION	if any, leading to immediate	DUE TO (OR AS A CO		one losse	) Vascus		'Seose
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CC	ONSEQUENCE OF):	a underlying cates about			
T. 1	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS A CC	ONSEQUENCE OF):	a underlying cause given in		AUTOPSY NMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE
MEDICAL	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CC	ONSEQUENCE OF):	a underlying cause given in	1 Part I. 24a. WAS AF	AUTOPSY NMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
MEDICAL	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificent conditions  25. WAS CASE REFERRED TO MEDICAL	DUE TO (OR AS A CC	not resulting in the	26. PLACE OF DEATH (C	Part I. 24a. WAS APPERFO	AUTOPSY NMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE DF DEATH?
MEDICAL	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificent conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	DUE TO (OR AS A CC	not resulting in the	26. PLACE OF DEATH (C	1 Part I. 24a. WAS APPERFO 1 YES: heck only one) 6 Other (Specify)	AUTOPSY HMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE DF DEATH?  1 YES 2 NO
PHYSICIAN: MEDICAL	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificent conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO  27. MANNER OF DEATH  1 Netural 5  Pending	DUE TO (OR AS A CC	not resulting in the	28. PLACE OF DEATH (C	1 Part I. 24a. WAS APPERFO 1 YES :	AUTOPSY HMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE DF DEATH?  1 YES 2 NO
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should should		otified
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director		E MUS
funeral	hours after death with the State Dept. of Health and Mertal Hygiene prior to burial, cremation, or removal.	item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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permit. Pages 1, 2, 3 should

	FOR STATE REGISTRAR	STATE OF N	MARYLAN			HEALTH AND	MEN	TAL HYGIEN				
	1. DECEDENT'S NAME (First, Middle, Last)							ATE OF DEATH	AY	YEAR	3. TIME OF DEATH	
	Albert K. Price						0	124		1990		_
	4. SOCIAL SECURITY NUMBER 217-50-1827	5. SEX		rs. lest birthday)	MONTHS DAY		7. D/	ATE OF BIRTH fonth, Day, Year)		6. BIRTH Count	HPLACE (State or Foreign)	ign
		1 M 2 F		89 YRS.				618		Cai		
œ	90. FACILITY NAME (If not institution, give a Montgomery General		-al		Olney	/N OR LOCATION OF D	EATH					
5	RESIDENCE OF DECEDENT	TT HOSPIC	-aı.		Officy		-		INO	ntga	nery	
REC	10s. STATE 10b. COUNT				TY, TOWN OR LO						10d, INSIDE CITY LIMITS?	
	Maryland Howa	rd		Co	okesvil						1 - YES 2 1 N	10
RAL	14392 Frederick	Dond				101. ZIP CODE					WHAT COUNTRY?	
NEI	14392 FIGGELICK	ROAG.	T 51/50 IN 11		10 1100	21723			_	anad		
F	1 Never Married 2 Married	FORCES? 1	YES 2	NO X	If yes	DECENDENT OF HISPA , specify Cuben, Mexic YES 2 PA NO Spec	en, Pue		s of No-	Blac	E — Americen Indien k, White, atc.	١,
BY	3 Widowed 4 Divorced	IF YES, GIVE V	MAR OR DATE:	5	1	YES 2 PNO Spec	ny:			Spec	"White	
COMPLETED BY FUNERAL DIRECTOR	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16	e, OECEDENT'	S USUAL OCCUP	ATION most of working		16b. KINO OF BU	SINESS/INI	DUSTRY		
Ē	Elementary/Secondary (0-12)	College (1-4 or 5	+)	lite. Do NOT	use retired.)		- 1					
MP	High School			Self	Employ			Hoi		Trai	ner	
8	17. FATHER'S NAME (First, Middle, Last)  George Price					18. MOTHER'S N		irst, Middle, Meiden known	Surname)			
BE	19a. INFORMANT'S NAME (Type/Print)			195. MAILIN	G ADDRESS (Str	et and Number or Rura			m State Zi	in Code)		
6	Mrs. Angela E.	Price				rick Road					1723	
	20a. METHOD OF DISPOSITION		20b. Pt	ACE OF DISPO		cemetery, crematory or			CATION -			
	1 XBuriel 2 Cremetion 3 Rem 4 Donation 5 Other (Specify)	oval from State		her place) Crest I	awn Cer	metery		Hov	vard	Coun	ty, MD	
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	)_	12 -	22. NAM	ing Byers	ACILITY	neral Di	rect	ore	Inc	
	Meshen	111.7	tenj	Kens		8 Liberty						133
	23. PART I. Enter the diseases, or										Approximat	le
	ahock, or heart fellure.  IMMEDIATE CAUSE (Finel										Interval Bet Onset and	
	disease or condition resulting in deeth)	· Call	vos	In.	ary	Acrest						
		OUE TO	(OR AS A CO	ONSEQUENCE	OF):						1	
NO	Sequentially list conditions,		100 AS A CO	ONSEQUENCE	OED:						1 00	LK
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	DOL 10	(ON AS A CC	JN3EOUENCE V	orj.							
FI	CAUSE (Disease or injury that initieted events	OUE TO	OR AS A CO	DNSEOUENCE	OF):							
H	resulting in deeth) LAST	d										
2	PART II. Other aignificent condition	ne contributing to	deeth but	not regulting	in the under	ving ceuse given i	n Part	1. 24a. WAS AI	N AUTOPSY	24	b. WERE AUTOPSY FIN	IDINGS
CAL					,	,		PERFO	RMEO?		AVAILABLE PRIOR TO COMPLETION OF CA	0
								1 YES	2 [] NO		OF DEATH?	0
≥ :												
AA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				2	8. PLACE OF OEATH (C	Check or	nly one)				
SIC	1 YES 2 NO	HOSPITAL:	☐ ER/Outpatie	ent 3 🗆 DOA	OTHER:	Home 5 - Residence	6 🗆	Other (Specify)				
PHYSICIAN: MEDI	27, MANNER OF DEATH	28a. DATE Of (Month, I	F INJURY Day, Ybar)	26b. Ti	JURY	INJURY AT WORK?	28d.	. DESCRIBE HOW	INJURY O	CCURED		
8≺	1 Natural 8 Pending 2 Accident Investigation					YES 2 NO						
ED	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE ( building	OF INJURY — , etc. (Specify)	At home, farm	, street, factory,	office	261.	LOCATION (Street City or Town, Stets	end Numbe	er or Rural	Floute Number,	
ET	29a. CERTIFIER				Alternative Co.							_
COMPLET	(Check only one)  1 CERTIFYING PHYS										a) and manner as at-	ted
	29b. SIGNATURE AND LIVE OF CERTIFIE		M		, my sprim	29c. LICENSE N		preca, e		_	D (Month, Day, Ybar)	
96	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	New	VIL	Fm.	0	USS.	7 K	_	Zwa. UA		ATO K	
5	30. NAME AND ADDRESS OF PERSON WI	HO COMPLETED CAL	ISE OF DEATH	(ITEM 27) (7y)	oe, Print)	1 222	01	3		110	11.10	

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-1 -19 -

ust be notified at once.

BALTHMORE, MARYLAND 21203-3146

1. DECEDENT'S NAME (First	Middle, Last)								TE OF DEATH		WEAT	3. TIME OF	DEATH
ROBERT G.	PARLAM	AN						1	22			2:45	P
4. SOCIAL SECURITY NUMBER 217-22-9309	ER	5. SEX 1  M 2  F	8. AGE (In )	rs. last birthday) YRS.	IF UNDER 1 YEA		DER 24 HRS.	7. DAT	E OF BIRTH	PAR PAR PAR PAR PAR PAR PAR PAR PAR PAR	PLACE (State	or Foreign	
9a. FACILITY NAME (If not in	atitution, give a		02		9b. CITY, TOV	W OB LOCA	TION OF I		2 2027	Sc COUNT	OPSY  OPSY  OUNDALK,  MARYLAND  OPSY  OUNDALK,  MARYLAND  ON City or Town,  RIAND, MA  DUNDALK,  MARYLAND  ON A City or Town,  RIAND, MA  COO  OF  OF  OF  OF  OF  OF  OF  OF  O		_
PERRY POINT						PERRY				50. 000K		ECIL	
RESIDENCE OF DE			-										
10a. STATE	10b. COUNTY			10c. CIT	Y, TOWN OR LO	CATION						10d. INSIDE	?
MARYLAND	BA	LTIMORE				DUN	DALK					1 TYES	XX NO
10e. STREET AND NUMBER					10f. ZIP CO				10g. CITIZ	ZEN OF WHAT COUNTRY?		177	
1622 GRAY F	LACE						2122	2			U.S	.A.	
11. MARITAL STATUS  Never Married 2 Married   12. WAS DECEDENT EVER FORCES? 1 X VES   15 YES GIVE WAR OR WILLIAM   15 YES GIVE WAR OR WILLIAM   15 YES GIVE WAR OR WILLIAM   15 YES GIVE WAR OR WILLIAM   15 YES GIVE WAR OR WILLIAM   15 YES GIVE WAR OR WILLIAM   15 YES GIVE WAR OR WILLIAM   15 YES GIVE WAR OR WILLIAM   15 YES GIVE WAR OR WILLIAM   15 YES GIVE WAR OR WILLIAM   15 YES GIVE WAR OR WILLIAM   15 YES GIVE WAR OR WILLIAM   15 YES GIVE WAR OR WILLIAM   15 YES GIVE WAR OR WILLIAM   15 YES GIVE WAR OR WILLIAM   15 YES GIVE WAR OR WILLIAM   15 YES GIVE WAR OR WILLIAM   15 YES GIVE WAR OR WILLIAM   15 YES GIVE WAR OR WILLIAM   15 YES GIVE WAR OR WILLIAM   15 YES GIVE WAR OR WILLIAM   15 YES GIVE WAR OR WILLIAM   15 YES GIVE WAR OR WILLIAM   15 YES GIVE WAR OR WILLIAM   15 YES GIVE WAR OR WILLIAM   15 YES GIVE WAR OR WILLIAM   15 YES GIVE WAR OR WILLIAM   15 YES GIVE WAR OR WILLIAM   15 YES GIVE WAR OR WILLIAM   15 YES GIVE WAR OR WILLIAM   15 YES GIVE WAR OR WILLIAM   15 YES GIVE WAR OR WILLIAM   15 YES GIVE WAR OR WILLIAM   15 YES GIVE WAR OR WILLIAM   15 YES GIVE WAR OR WILLIAM   15 YES GIVE WAR OR WILLIAM   15 YES GIVE WAR OR WILLIAM   15 YES GIVE WAR OR WILLIAM   15 YES GIVE WAR OR WILLIAM   15 YES GIVE WAR OR WILLIAM   15 YES GIVE WAR OR WILLIAM   15 YES GIVE WAS OR WILLIAM   15 YES GIVE WAS OR WILLIAM   15 YES GIVE WAS OR WILLIAM   15 YES GIVE WAS OR WILLIAM   15 YES GIVE WAS OR WILLIAM   15 YES GIVE WAS OR WILLIAM   15 YES GIVE WAS OR WILLIAM   15 YES GIVE WAS OR WILLIAM   15 YES GIVE WAS OR WILLIAM   15 YES GIVE WAS OR WILLIAM   15 YES GIVE WAS OR WILLIAM   15 YES GIVE WAS OR WILLIAM   15 YES GIVE WAS OR WILLIAM   15 YES GIVE WAS OR WILLIAM   15 YES GIVE WAS OR WILLIAM   15 YES GIVE WAS OR WILLIAM   15 YES GIVE WAS OR WILLIAM   15 YES GIVE WAS OR WILLIAM   15 YES GIVE WAS OR WILLIAM   15 YES GIVE WAS OR WILLIAM   15 YES GIVE WAS OR WILLIAM   15 YES GIVE WAS OR WILLIAM   15 YES GIVE WAS OR WILLIAM   15 YES GIVE WAS OR WILLIAM   15 YES GIVE WAS OR WILLIAM   15 YES GIVE WAS OR WILLIAM   15 YES GIVE WAS O				AR OR DATES 1 YES 1/T NO Speci						or No-	14. RACE — American Indien, Black, White, etc. Specify: WHTTT		
16. DE	EDENT'S EDU	CATION	10	a. DECEDENT'S	USUAL OCCUP	ATION		- 1	6b. KIND OF BUS	INESS/INDU	ISTRY		
(Specify on Elementary/Secondary ( NOT KNOWN		College (1-4 or 6		Ille. Do NOT u	work done during se retired.)	most of wo	rking		II C	NINTN	7		
17. FATHER'S NAME (First, A		OT TRACAM	•	אטונעו	لتتاليك	46 56	THER'S	AME /C/-					
CLEMENT D.		IAN				16. M				,			
190. INFORMANT'S NAME (		KYN		105 MAIL IM	ADDRESS (See	est and Num					Codel		
					AMBLER							2122	22
	CLEMENT PARLAMAN  TO METHOD OF DISPOSITION  Spurial 2 Cremation 3 Removal for			Removel from State 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or other place) 20c. LOCATION — City or Tow							own, State		
21. SIGNATURE OF FUNER/		PENSEE	hir.	THEATHA									
Se	of t	. Coa	De	-									
23. PART I. Enter the centre of the centre of the centre of the centre of the centre of the centre of the centre of the centre of the centre of the centre of the centre of the centre of the centre of the centre of the centre of the centre of the centre of the centre of the centre of the centre of the centre of the centre of the centre of the centre of the centre of the centre of the centre of the centre of the centre of the centre of the centre of the centre of the centre of the centre of the centre of the centre of the centre of the centre of the centre of the centre of the centre of the centre of the centre of the centre of the centre of the centre of the centre of the centre of the centre of the centre of the centre of the centre of the centre of the centre of the centre of the centre of the centre of the centre of the centre of the centre of the centre of the centre of the centre of the centre of the centre of the centre of the centre of the centre of the centre of the centre of the centre of the centre of the centre of the centre of the centre of the centre of the centre of the centre of the centre of the centre of the centre of the centre of the centre of the centre of the centre of the centre of the centre of the centre of the centre of the centre of the centre of the centre of the centre of the centre of the centre of the centre of the centre of the centre of the centre of the centre of the centre of the centre of the centre of the centre of the centre of the centre of the centre of the centre of the centre of the centre of the centre of the centre of the centre of the centre of the centre of the centre of the centre of the centre of the centre of the centre of the centre of the centre of the centre of the centre of the centre of the centre of the centre of the centre of the centre of the centre of the centre of the centre of the centre of the centre of the centre of the centre of the centre of the centre of the centre of the centre of the centre of the centre of the centre of the centre of the centre o	eart fallure. nei	List only one ca	r of F	h line.	ung	mode of	dying, au	ch as c	ardiec or respi	ratory arre	est,	Interv	el Between t end Dear
Sequentially list conditions, leeding to imme ceuse. Enter UNDERLY CAUSE (Disease or injust initiated events resulting in death) LAS	diate ING ury	c		ONSEQUENCE C									
PART II. Other signific	ant condition	e contributing to	o death but	not resulting	in the under	lying ceus	e given i	n Part I.		MED?	241	WERE AUTOP AMILABLE PI COMPLETION OF DEATH?	RIOR TO I OF CAUSE
25. WAS CASE REFERRED EXAMINER? 1 YES 2 XNO	O MEDICAL	HOSPITAL:	□ FR/Outneti	ant 3 🗆 00A	OTHER:	6. PLACE O							
27. MANNER OF DEATN	Pending Investigation	28a. DATE O (Month,	AE OF 280 JURY	NJURY AT WORK?		nca 6 Other (Specify)  28d. DEȘCRIBE NOW INJURY OCCURED  )							
3 Suicide 6 4 Homicide	Could not be determined	28a. PLACE building	OF INJURY — I, etc. (Specify,	At home, ferm,	street, factory,	office			OCATION (Street a lity or Town, State)	and Number (	or Rural	Route Number,	
cond unity	/ /	ICIAN: To the best of										a) and menner	as stated.

KARITHANOM ISAAC, M.D. .D. VA MEDICAL CENTER, PERRY POINT, MD 32. REGISTRAR'S SIGNATURE Like Savidson Randelle

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21902

DHMH-16 Rev 1/89

3. TIME OF OEATH

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

DIVISION OF VITAL RECORDS, P.O. BOX 13146, TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

	HARVEY L.	Kobe	KSON						MONT	H O	12	90	5:258
	4. SOCIAL SECURITY NUMBER 243-12-6040	5. SEX	6. AGE (In yrs. last	birthday) YRS.	IF UNDER		IF UNDER	24 HRS. MIN.		OF BIRTH	0	Country)	NCE (State or Foreign
_	9a. FACILITY NAME (If not institution, give	street and number)			100	TOWN OR			ATH		9c. COUNT	Y OF DEAT	
D.	RESIDENCE OF DECEDENT	1+05 p			10	WSC	M	MI	7 0	31204	1 2	5 12/5	40
DIRECTOR	10e. STATE 10b. COUN	ΤΥ		10c. CIT	Y, TOWN O	R LOCATION							d. INSIDE CITY LIMITS? YES 2 \[ \] NO
FUNERAL	1203 Silve	Home	Road			101.	21P COD	23	9		10g. CITIZE	EN OF WHA	T COUNTRY?
B√	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced		T EVER IN U.S. ARM YES 2 NO		- 1 0		ify Cube	in, Mexica	n, Puerto	N? (Specify Yo Rican, etc.)	es or No— 1		American Indian, Thite, etc.
COMPLETED	15. OECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)		(Glv	e kind of	USUAL OO work done o se retired.)	CUPATION Juring most	of world	ng	16b	. KIND OF B	USINESS/INDU	STRY	
BE COM	17. FATHER'S NAME (First, Middley Dest)	Ruberso	n				18. MOT	HER'S NA	ME (First,	Middle, Melde	tun Surnama)		
6	19a. INFORMANT'S NAME (Type/Print)	Roberso		MAILIN	ADDRESS	Street and	d Numbe	r or Rural	1 0	ber, City or To	wn, State, Zip C	Code)	
	20a. METHOD OF DISPOSITION		200. PLACE O	ж вежо	SITTION (Na	me of come	Hery, crea	matory or	1 /70		OCATION — CI	ity or Town,	State
	1 Buriel 2 Cremetion 3 III		othy plac	G	eda	r 1-	fill	Ce	17	A	nne	Arw	refel Cott
	21. SIGNATURE OF FUNCTION STATE AND ADDRESS OF FACILITY  22. NAME AND ADDRESS OF FACILITY  4. 1. 300 Wabash Ave  23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest,  Approximate												
ERTIFICATION	disease or constituen reaulting in death)  a. Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):												
MEDICAL C	PART II. Other eignificant condition	ona contributing to	death but not re	sulting	In the un	derlying	cause	given in	Part I.		AN AUTOPSY DRMED? 2 NO	AN CC Of	ERE AUTOPSY FINDIN AILABLE PRIOR TO MPLETION OF CAUS F DEATH?  YES 2 NO
HAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?						CE OF E	DEATH (Ch	eck only o	ne)			
HYSICI	1 TYES 2 NO		ER/Outpatient 3			sing Home		esidence	_	er (Specify)			
ву РН	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	26a. DATE OF (Month, L		28b. Til	ME OF JURY M	28c. INJU WOR		□ NO	28d. DE	SCRIBE HOW	/ INJURY OCC	JRED	
TED	3 Suicide 6 Could not b 4 Homicide determined	28e. PLACE ( building,	OF INJURY — At hor , etc. (Specify)	ne, ferm,	street, fact	tory, office				CATION (Street or Town, State	et and Number o	or Rural Rou	te Number,
OMPLE	29a. CERTIFIER (Check only one) 1 CERTIFYING PHY One) 2 MEDICAL EXAMI	SICIAN: To the best of a											nd menner as stated
BE C	29b. SIGNATURE AND TITLE OF CERTIF		, prus	29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day)						Jonth, Day, Year)			
5	30. NAME AND ADDRESS OF PERSON V	VHO COMPLETED CALL	SE OF DEATH (ITEM	1 27) (Typ	e, Print)						/		7
	31. DATE FILED (Month, Day: Year)		AR'S SIGNATURE	ndel	e.								

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

2. DATE OF DEATH

72	8	99
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-Hours after death. Page in may be	TO THE FUNEPAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page be filed within 72 hours after death with the State Dept. of Health and Memai Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be
Pag	al dir	iner
death	funer	xam
after	noval	ies
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TTEN	after after	28
OR A	DIRE	tem
YTAL	RAL	=
HOS	TO THE RUNCRAL OIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the i be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	TAN
王	THE	POR
2	23	Ξ

John J. Mann

31. DATE FILED (Month, Day, Year) AN 2 6 1990

MD

												91	0 0	1716
	FOR STATE REGISTRAR	STATE OF MA			TMENT				MENTAL	HYGIEN REG. NO				
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE	OF OEATH			3. TIME OF D	EATH
	Helen	E.	Ro	che					монтн	uary "	Ž/1 10	OOAR		
					la delega	1					24,13	1	8:3	
		SEX F	s. AGE (In yrs. lest 81	YRS.	MONTHS .	DAYS	IF UNDER	24 HRS. MIN.	7. DATE ( (Month)	Day, Year)	1908	Count	PLACE (State of	or Foreign
- 1	9a. FACILITY NAME (If not institution, give street	and number)	01		9b. CITY	TOWN O	R LOCATIO	N OF DE		14,		NTY OF D		
NO R	7103 Chambers Road					ltimo					Cit			
5	RESIDENCE OF DECEDENT  10s. STATE 10s. COUNTY			10c CIT	Y, TOWN O	B LOCATI	ON						10d. INSIDE	CITY
DIRECTOR	Md.			100. 011	Balti								LIMITS?	
7	10e. STREET AND NUMBER					10f.	ZIP CODE				10g. CIT	IZEN OF	WNAT COUNTR	Y7
FUNERAL	7103 Chambers Road						21	234				J.S.	Δ	
Z		. WAS DECEDENT	EVER IN U.S. ARI	MEO	13. V	WAS DECI	ENDENT O	F HISPAN	IIC ORIGIN	? (Specify Yes	_	_	E — American	Indian.
BY FL	1 Never Married 2 Married 3 X Widowed 4 Divorced	FORCES? 1 [ IF YES, GIVE WAY  NO	YES 2 N	0	H	yes, spe		ı, Mexica	n, Puarto R			Spec	k, White, atc.	
0	15. DECEDENT'S EDUCATI	ION	16a. DEC	CEDENT'S	USUAL OC	CUPATIO	N		16b.	KIND OF BU	SINESS/IN			
PLETED	(Specify only highest grade con		(Gh	ve kind of a Do NOT us	work done d se retired.)	luring mos	il of workin	9						
2	Elementary/Secondary (0-12)	College (1-4 or 5+)	u,	OMEM	AVED									
	17, FATHER'S NAME (First, Middle, Last)		1 11	UNLIN	ANER		40 84071	15010 114	44E 4EL 4		0			
BE COM							16. MOTE			liddle, Maiden				
坡	PATRICK DUGGAN							MAR	<u>Y ANI</u>	N MCG	BUIRE			
0	19s. INFORMANT'S NAME (Type/Print)		196	MAILING	ADDRESS	(Street a	nd Number	or Rural F	Route Numb	er, City or Tow	m, State, Zi	p Code)		
-	MAUREEN ROCHE			7103	CHA	MBE	RS RI	)	BALT:	MORE	MD.	212	34	
. 1	20a. METHOD OF DISPOSITION 1 X Burial 2 Cremation 3 Hemova	I have been	20b. PLACE (		SITION (Nar	ne of cen	etery, crem	atory or		20c. LO	CATION -	City or To	own, Stata	
	4 Donation 5 Other (Specify)	Troes State	ALL	SA]	INTS	CEME	TERY	1/2	27/90	WI	LMIN	GTON	DELA	VARE
	21. SIGNATURE OF FUNERAL SERVICE LICEN	SEE	11				D ADDRES			_			21214	
	JAMES GLADDEN	0-	110 00											
_		1 1	BURK	w									ORD RD.	
- 1	23. PART i. Enter the diseases, or com shock, or heart fallure. Lie	folications that	caused the day	ath. Do i	not antar	the mo	da of dyl	ng, suci	h as card	lac or reap	iratory a	rreat,		ximata al Between
	iMMEDIATE CAUSE (Final	Comy one cada	o Oli ascii lilla.	•										and Death
	disesse or condition	0	ARM	Al	4	me.	1517	-					mi	nide
ŀ	resulting In death)  a. DUE-TO (OR AS A CONSEQUENCE OF):									/HACID				
_		A	Cim		2	MH	F						140	TARR
CERTIFICATION	Sequentially list conditions, b.	DUE TO (	DIFAS A CONSEC	UENCE O	FI:								1/4	700
F	If any, leading to immediate cause. Enter UNDERLYING		Pm2V	1114	. ,-								Yes	2
일	CAUSE (Disease or injury Ca	DUE TO (	OR AS A CONSEC	MIENCE O	E).									
E	that initiated events resulting in death) LAST	302 10 (	on as a consec	ogice o									j	
E	d													
. 1	PART il. Other significant conditions o	contributing to c	leath but not re	esulting	in tha un	darlying	cause o	iven in	Part i.	24e, WAS AN	AUTOPSY	24	b. WERE AUTOP	SY FINDINGS
3							24			PERFO	RMED?		AVAILABLE PI	NOR TO
ă										1 TYES	M NO		OF DEATH?	0. 0.002
Z									_ I				1   YE\$ 2	□ NO
z												- 1		
X	25. WAS CASE REFERRED TO MEDICAL EXAMINER?						ACE OF D	EATH (Ch	eck only on	o)				
S		IOSPITAL:	ER/Outpatient 3	□ DOA	OTHER		5 M Re	sidence	6 🗆 Othe	r (Specify)				
PHYSICIAN: MEDICAL	27. MANNER OF DEATH	28s. DATE OF I		26b. TIA	E OF	28c, INJ	URY AT			CRIBE HOW	INJURY O	CCURED		
	1 Natural 5 Pending	(Month, Day	y, Year)	IN.	JURY		PIK? (ES 2	NO						
B	2 Accident Investigation	26s PLACE OF	INJURY — At ho	me farm	street fact				261 1.00	ATION /Street	and Numbe	er or Rumi	Route Number,	
ED	3 Suicide 6 Could not be 4 Homicide determined	building, a	tc. (Specify)			J. J. G. 110				or Town, State		or riorar	riodie riomooi,	
<b>L</b>														
COMPLET	29s. CERTIFIER   CERTIFYING PHYSICIA	N: To the best of n	ny knowledge, de	ath occur	red at the ti	lme, date	and place	, end dua	to the cau	se(s) and ma	nner aa st	sted.		
MO	one) 2 MEDICAL EXAMINER:	On the besia of axe	imination and/or i	investigati	on, in my o	pinion, d	eath occur	red at the	time, deta	and place, a	nd dus to	the cause(	a) and manner	an stated.
	29b. SIGNATURE AND TITLE OF EERT SEN	1011					29c 1101	NSE NUI	MRED		294 DA	TE tunden	D @Assetts, Dani 1	Mari
BE	//n/m	1/11/1/1	nan					70	1		.su. bA	17	2416	7
2	30. NAME AND ADDRESS OF PERSON WHO O	COMPLETED CALLS	OF DEATH OTE	M 270 (See	Ovint		A.1	/ 1	10			1	111	

611 Park Avenue Baltimore, Md.

DHMH-16 Ray 1/89

DHMH-16 Rev 1/89

BALTIMORE, MARYLAND 21203-3146

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page	be filed within 72 hours after death with the State Dept. of Health and Mental Hyperie prior to burial, cremation, or remova.  IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be in
5	2	TTA
王	五	PO T
7	P.	Z =

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

REGISTRAR	SIMIL OF MAIN		IENT OF HEALTH AND ATE OF DEATH	MENTAL HYG				
1. DECEDENT'S NAME (FIRST, M JOCK P.ROWZ		igene Rowz		2. DATE OF DEAT	H1-23-9	EAR (1.20		
4. SOCIAL SECURITY NUMBER  215-07-271  90. FACILITY NAME (If not insitt	6 1 M 2 🗆 F	70 YRS. MOI	UNDER 1 YEAR IF UNDER 24 HRS NTHS DAYS HOURS MIN.	01 - 06	and 1920 N	BIRTHPLACE (State or Foreign Country) [aryland		
	unty General	96	city, town or Location of Columbia	DEATH	9c. COUNTY	ward		
	DENT 0b. COUNTY		own on Location Ltimore			10d. INSIDE CITY LIMITS?  1XX YES 2 \( \square\) NO		
1.104		10f. ZIP CODE			OF WHAT COUNTRY?			
10e. STREET AND NUMBER 2126 Whist] 11. MARITAL STATUS 1   Never Merried 2   Mi 3   Widowed 4   Diverce	12. WAS DECEDENT EV. FORCES? 1 X 1 IF YES, GIVE WAR O		21230  13. WAS DECENDENT OF HISH If yee, specify Cuben, Mex 1  YES 2 X NO Spe	Icen, Puerlo Rican, at-		RACE — American Indian, Black, White, etc. Specify:		
	15. DECEDENT'S EDUCATION pscify only highest grade completed)  16. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working tife. Do NOT use refined.)				F BUSINESS/INDUS	White		
15. DECED (Specify only in Elementary/Secondary (0-12 1 0 th 17. FATHER'S NAME (First, Midde	College (1-4 or 5+)					chanic		
17. FATHER'S NAME (First, Midde Charles R.				nie Heskitt				
190. INFORMANT'S NAME (Type Ann L. Rows				enue, Ba	Number, City or Town, State, Zip Code) e, Balto., MD 21230			
20e. METHOD OF DISPOSITION 1	3  Removal from State	Removal from State  20b. PLACE OF DISPOSITION (Name of cemeter); cr Other place) Metro Crematory			altimo			
Seon	Cres			ME AND ADDRESS OF FACILITY THE MATTER OF MARYLAND TO SOCIETY OF MARYLAND TO SOCIETY OF MARYLAND TO SOCIETY OF MARYLAND TO SOCIETY OF MARYLAND				
shock, or hes IMMEDIATE CAUSE (Fine disease or condition resulting in death)  Sequentially list condition if any, leading to immedicause. Enter UNDERLYIN CAUSE (Disease or Injury)	resulting in death)  a							
that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  d.  PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.  24e. WAS AN AUTOPSY FINDINGS PROPRIED TO (OR AS A CONSEQUENCE OF):  1. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.  24e. WAS AN AUTOPSY FINDINGS PROPRIED TO (OR AS A CONSEQUENCE OF):  24b. WERE AUTOPSY FINDINGS PROPRIED TO (OR AS A CONSEQUENCE OF):								
		an out not recording at a	ne underlying cause given		REORMED?			
DEHYDRA DEMENT	ATION		ne underlying cause given	PE		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO		
DEHYDRA DEMENT	1A		28. PLACE OF DEATH THER:  Nursing Home \$ \( \) Residen	1 U Y	ERFORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
DEHYDRA DEMENT  25. WAS CASE REFERRED TO EXAMINER?  1	MEDICAL HOSPITAL: 17 Japatient 2 ER. 28a. DATE OF INJU (Month, Day, M	/Outpatient 3 □ DOA 4	28. PLACE OF DEATH THER: ☐ Nursing Home \$ ☐ Residen F	(Check only one)	ERFORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
DEHUDRA DEMENT  25. WAS CASE REFERRED TO EXAMINER? 1   YES 2   NO  27. MANNER OF DEATH 1   Natural 5   Po	MEDICAL HOSPITAL: 17 Japatient 2 ER  Vending (Month, Day, Month, Day, Month, Day, Month, Day, Month, Day, Month, Day, Month, Day, Month, Day, Month, Day, Month, Day, Month, Day, Month, Day, Month, Day, Month, Day, Month, Day, Month, Day, Month, Day, Month, Day, Month, Day, Month, Day, Month, Day, Month, Day, Month, Day, Month, Day, Month, Day, Month, Day, Month, Day, Month, Day, Month, Day, Month, Day, Month, Day, Month, Day, Month, Day, Month, Day, Month, Day, Month, Day, Month, Day, Month, Day, Month, Day, Month, Day, Month, Day, Month, Day, Month, Day, Month, Day, Month, Day, Month, Day, Month, Day, Month, Day, Month, Day, Month, Day, Month, Day, Month, Day, Month, Day, Month, Day, Month, Day, Month, Day, Month, Day, Month, Day, Month, Day, Month, Day, Month, Day, Month, Day, Month, Day, Month, Day, Month, Day, Month, Day, Month, Day, Month, Day, Month, Day, Month, Day, Month, Day, Month, Day, Month, Day, Month, Day, Month, Day, Month, Day, Month, Day, Month, Day, Month, Day, Month, Day, Month, Day, Month, Day, Month, Day, Month, Day, Month, Day, Month, Day, Month, Day, Month, Day, Month, Day, Month, Day, Month, Day, Month, Day, Month, Day, Month, Day, Month, Day, Month, Day, Month, Day, Month, Day, Month, Day, Month, Day, Month, Day, Month, Day, Month, Day, Month, Day, Month, Day, Month, Day, Month, Day, Month, Day, Month, Day, Month, Day, Month, Day, Month, Day, Month, Day, Month, Day, Month, Day, Month, Day, Month, Day, Month, Day, Month, Day, Month, Day, Month, Day, Month, Day, Month, Day, Month, Day, Month, Day, Month, Day, Month, Day, Month, Day, Month, Day, Month, Day, Month, Day, Month, Day, Month, Day, Month, Day, Month, Day, Month, Day, Month, Day, Month, Day, Month, Day, Month, Day, Month, Day, Month, Day, Month, Day, Month, Day, Month, Day, Month, Day, Month, Day, Month, Day, Month, Day, Month, Day, Month, Day, Month, Day, Month, Day, Month, Day, Month, Day, Month, Day, Month, Day, Month, Day, Month, Day, Month, Day, Month, Day, Month, Day, Month, Day, Month, Day, Month, Day, Month, Day, Month, D	//Outpetient 3 DOA 4 URY 20b. TIME 0 INJURY JURY — At home, farm, stre	26. PLACE OF DEATH THER: Nursing Home \$   Residen F 28c. INJURY AT WORK? M 1 YES 2   NO	(Check only one)  ce 6 Other (Specification DESCRIBE I	ES 2 NO  NO  NO  NO  NO  NO  NO  NO  NO  NO	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
DEHUDRA DEMENT  25. WAS CASE REFERRED TO EXAMINER? 1   YES 2   NO  27. MANNER OF DEATH 1   Natural 5   Po	MEDICAL HOSPITAL: TS Inpatient 2 ER (Morth, Day, W restigation putd not be  28e. PLACE OF IN. building. etc.	/Outpetient 3 DOA 4 URY 29b. TIME 0 INJURY  JURY — At home, farm, stre (Specify)	26. PLACE OF DEATH THER: Nursing Home \$ Residen F 28c. INJURY AT WORK7 M 1 YES 2 NO et, fectory, office	(Check only one)  De 6 Other (Specification of City or Town, due to the cause(e) er	ES 29 NO  NO  NO  NO  NO  NO  NO  NO  NO  NO	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO  RED  Rural Route Number,		
DEHYORA  DEMENT  25. WAS CASE REFERRED TO EXAMINER?  1   YES 2   NO  27. MANNER OF DEATH  1   Natural 5   Pt  2   Accident   Inv  3   Suicide 6   Ct  4   Homicide   de  29a. CERTIFIER (Check only one) 2   MEDIC.	MEDICAL HOSPITAL: ITS Impatient 2 ER And Its Of INJ (Month, Day, W restigation puld not be termined  28e. PLACE OF IN. building, etc.  YINO PHYSICIAN: To the best of my In AL EXAMINER: On the basic of examination	/Outpetient 3 DOA 4  URY 26b. TIME 0 INJURY  JURY — At home, farm, stre- (Specify)  knowledge, death occurred a nation end/or investigation, in	28. PLACE OF DEATH THER: Nursing Home \$   Resident F   28c. INJUSTY AT WORK? M   1   YES   2   NO et, fectory, office  It the time, date and place, and on my opinion, death occured at    29c. LICENSE     D 3 g	(Check only one)  ce 6 Other (Specification of the Color of Town, of the time, dete end ple NUMBER	INFORMED? ES 27 NO  INFORMED?  INFORMED?  INFORMED?  INFORMED?  INFORMED?  INFORMED?  INFORMED?  INFORMED?  INFORMED?  INFORMED?  INFORMED?  INFORMED?  INFORMED?  INFORMED?  INFORMED?  INFORMED?  INFORMED?  INFORMED?  INFORMED?  INFORMED?  INFORMED?  INFORMED?  INFORMED?  INFORMED?  INFORMED?  INFORMED?  INFORMED?  INFORMED?  INFORMED?  INFORMED?  INFORMED?  INFORMED?  INFORMED?  INFORMED?  INFORMED?  INFORMED?  INFORMED?  INFORMED?  INFORMED?  INFORMED?  INFORMED?  INFORMED?  INFORMED?  INFORMED?  INFORMED?  INFORMED?  INFORMED?  INFORMED?  INFORMED?  INFORMED?  INFORMED?  INFORMED?  INFORMED?  INFORMED?  INFORMED?  INFORMED?  INFORMED?  INFORMED?  INFORMED?  INFORMED?  INFORMED?  INFORMED?  INFORMED.  INFORMED.  INFORMED.  INFORMED.  INFORMED.  INFORMED.  INFORMED.  INFORMED.  INFORMED.  INFORMED.  INFORMED.  INFORMED.  INFORMED.  INFORMED.  INFORMED.  INFORMED.  INFORMED.  INFORMED.  INFORMED.  INFORMED.  INFORMED.  INFORMED.  INFORMED.  INFORMED.  INFORMED.  INFORMED.  INFORMED.  INFORMED.  INFORMED.  INFORMED.  INFORMED.  INFORMED.  INFORMED.  INFORMED.  INFORMED.  INFORMED.  INFORMED.  INFORMED.  INFORMED.  INFORMED.  INFORMED.  INFORMED.  INFORMED.  INFORMED.  INFORMED.  INFORMED.  INFORMED.  INFORMED.  INFORMED.  INFORMED.  INFORMED.  INFORMED.  INFORMED.  INFORMED.  INFORMED.  INFORMED.  INFORMED.  INFORMED.  INFORMED.  INFORMED.  INFORMED.  INFORMED.  INFORMED.  INFORMED.  INFORMED.  INFORMED.  INFORMED.  INFORMED.  INFORMED.  INFORMED.  INFORMED.  INFORMED.  INFORMED.  INFORMED.  INFORMED.  INFORMED.  INFORMED.  INFORMED.  INFORMED.  INFORMED.  INFORMED.  INFORMED.  INFORMED.  INFORMED.  INFORMED.  INFORMED.  INFORMED.  INFORMED.  INFORMED.  INFORMED.  INFORMED.  INFORMED.  INFORMED.  INFORMED.  INFORMED.  INFORMED.  INFORMED.  INFORMED.  INFORMED.  INFORMED.  INFORMED.  INFORMED.  INFORMED.  INFORMED.  INFORMED.  INFORMED.  INFORMED.  INFORMED.  INFORMED.  INFORMED.  INFORMED.  INFORMED.  INFORMED.  INFORMED.  INFORMED.  INFORMED.  INFORMED.  INFORMED.  INFORMED.  INFORMED.  INFORMED.  INFORMED.  IN	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO  RED  Rural Route Number,		

BALTIMORE, MARYLAND 21203-3146

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE OF DEATH	REG. NO.

	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPAR CERTIF	TMENT OF	HEALTH AND I		GIENE			
	1. DECEDENT'S NAME (First, Middle, Last)	1		_		2. DATE OF D	EATH DAY	YEAR	3. TIME OF DEAT	H
	Robert L. Sa		(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BI	RTH	8. BII	RTHPLACE (State or Fe	doign
	214 01 8371	EXM 2 □ F 81	YRS.	MONTHS DAYS	HOURS MIN.	Dec.	8, 19		aryland	
	Se. FACILITY NAME (If not institution, give street			9b. CITY, TOW	OR LOCATION OF DE			c. COUNTY O		
IOR	Sinai Hospital			Ba	timore			Baltir	more City	
DIRECTOR	10a. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LOC	ATION				10d. INSIDE CITY	
		timore City	7	Balti					1 🕅 YES 2 🗌	NO
R	10e. STREET AND NUMBER				IOI. ZIP CODE		10		F WHAT COUNTRY?	
FUNERAL	1301 W. 42nd Stree	WAS DECEDENT EVER II	N U.S. ARMED		21211 ECENDENT OF HISPAR			U.S.	ACE - American Indi	en,
BY FI	P1 ☐ Never Merried 2 ☐ Merried 3 📉 Widowed 4 ☐ Divorced	FORCES? 1 YES			apecify Cuban, Mexica ES 2 X NO Specify		etc.)	S	leck, White, atc. pecify:	
	ts, DECEDENT'S EDUCATION	ON	16a. DECEDENT'S	USUAL OCCUPA	TION	185 KINI	OF BUSIN	ESS/INDUSTR	White	
COMPLETED	(Specify only highest grade com		(Give kind of silfe. Do NOT us	work done during	most of working	TOU. KANE	OF BUSHN	ESS/INDOSTR	T	
AP.			Clover	land Da	iry	Che	cker	of Acc	counts	
00	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NA	Carresto, Milita		mame)		
BE	Owen J. Samsel  19e. INFORMANT'S NAME (Type/Print)		19b MAILING	ADDRESS (Street	Cora	Mil Boute Number C		State Zin Code	1	
2	Betty Crue				Road, Bal				21211	
	20n. METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 Removal	from State	D. PLACE OF DISPOS	SITION (Name of	cemetery cremetory or		20c. LOCAT	TION — City or		
	4 Donetion 5 Other (Specify)		Mt. Oliv			OII ITY			Maryland	
	by hum B	uge H	enss)		AND ADDRESS OF FA	ьu			Funeral Biryland	lome 21211
	23. PART I. Entar the diseases, or com- shock, or heart failure. List	plications that cause	d tha death. Do i	not antar tha i	node of dying, auc	h as cardiac	or reapiret	tory arrest,	Approxim	
	IMMEDIATE CAUSE (Final disease or condition	A 1	000		1	0	1	0 -	Onset an	
	resulting in death)	DUE TO (OR AS	A CONSEQUENCE O		utricu	ler	ace	hy C	andia	1
Z		Muse	cerde	cel	who	set!	Ore 1	( Da	Oxelle	ed)
5	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO ON AS	A CONSEQUENCE O	F):						
FIC	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS	A CONSEQUENCE O	F):				-2-		
CERTIFICATION	resulting in death) LAST									]
	PART II. Other significant conditions co	ontributing to death t	out not resulting	In the underly	ing cause given in	Part I. 24e	. WAS AN AU		24b. WERE AUTOPSY F	
SICAL	houal fail	eddel				10	PERFORME YES 2		AVAILABLE PRIOR COMPLETION OF OF GEATH?	
MEC	Ryceguo	uean							1   YES 2	NO
Ä	25. WAS CASE REFERRED TO MEDICAL	myste	per							
Sic.	EXAMINER?	OSPITAL:	petions 3 000	OTHER:	PLACE OF DEATH (Cr ome 5 ☐ Residence		antha)			
PHYSICIAN: MED	27. MANNER OF DEATH	26e. DATE OF INJURY (Month, Day, Year)	26b. TIN		NJURY AT WORK?	_		URY OCCURE	0	
ВУ	1 Natural 5 Pending 2 Accident Investigation	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			YES 2 NO					
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spe	Y — At home, farm, icity)	street, factory, o	ffice	28f. LOCATION	N (Street end wn, State)	I Number or Ru	ral Route Number,	
	29e. CERTIFIER 1 CERTIFYING PHYSICIAN	I. To the heat of my keep	uladas, danth accum	and at the time in	ata and place and dis	to the course	and many			
COMPLETED	(Check only one) 2 MEDICAL EXAMINER: 0	To the best of my known the basic of examination							se(s) end menner ee	stated.
BEC	296. SIGNATURE AND TITLE OF CERTIFIER	1.			29c. LICENSE NU	MBER 7 70	2	od. DATE SIG	NET (Month, Day, War)	
10	30, NAME AND ADDRESS OF PERSON WHO CO	OMPLETED CAUSE OF DE	AMES	Print)	X).Do	2627	0	- //	125/7	0
	5, STASIE	11)1(7-		51174	+1 \$	195 F	17	AI		
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGI	NATURE			(1.11				
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	REGISTRAR		С	ERTIF	ICATE	OF	DEATH		RE	G. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)							1	DATE OF DE	EATH		WE A D	3. T	ME OF DEATH
	MARY SWAN								O1	25 <sup>DA</sup>	199	YEAR		2:26 A M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. la	st birthday)	IF UNDER 1	YEAR	IF UNDER 24 H	HRS. 7	7. DATE OF BI	RTH		a. BIRTH	IPLAC	E (State or Foreign
	220-22-6286	1 □ M 2)()(F	73	YRS.	MONTHS	DAYS	HOURS M	IIN.	2/04/	Year)		Counti	ν) V /	
	9a. FACILITY NAME (If not institution, give s	treet and number)			9b. CITY,	TOWN	OR LOCATION	OF DEAT	H		9c. COU	INTY OF D	EATH	
TOR	THE JOHNS HOPKIN	S HOSPITA	AL		BAI	TIN	ORE (	CITY			BAI	TIMO	RE	
Ä	10a. STATE 10b. COUNTY	1		10c. CIT	Y, TOWN OF	LOCAT	TION						10d.	INSIDE CITY LIMITS?
5	MD				BALTI	MOR	E						1 [5	YES 2 NO
FUNERAL DIRECTOR	3209 FAIRVIEW RO	) An				101	. ZIP CODE	2120	7			SA	TAHW	COUNTRY?
N I	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. A	RMED	13. W	AS DEC	ENDENT OF H			ecify Yea			E — A	merican Indian,
BY FL	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 IF YES, GIVE W	YES 2)	NO	H.	yea, ap	ecify Cuban, M 2 X NO	faxican,				Speci	k, Whi //v:	ACK
	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16a, D	ECEDENT'S	USUAL OCI	CUPATION INC.	ON set of working		16b. KIND	OF BUS	INESS/IN	DUSTRY	DL	ACK
<b>OMPLETED</b>	Elementary/Secondary (0-12) 8th	College (1-4 or 5+	·) iii	LABOI	1771				GSA	A ADI	MINI	STRA	TIC	) N
	17. FATHER'S NAME (First, Middle, Last)						18. MOTHER	'S NAME	(First, Middle,			0 11111	- 1	/11
E	ROBERT	PARRISH												
8	19a. INFORMANT'S NAME (Type/Print)		11	9b. MAILING	ADDRESS	(Street 1	and Number or I	Rural Rou	ite Number, Cli	ly or Town	n, State, Zi	ip Code)		
F	ESTHER ARMSTRONG			1530	PARKS	IDE	DRIVE	/BA	LTIMOR	RE. I	MD	2120	6	
	20a METHOD OF DISPOSITION 1 N Burlal 2 Cremellon 3 Rem	ovel from State	20b. PLACE other s	E OF DISPO	SITION (Nam	e of ce	metery, cremator					City or To	own, S	late
	4 Donation 5 Other (Specify)	Over Hom State	BALT	MORE	CEME	TER	Υ			BAL	TIMO	RE.	MD	
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE			22. N	AME A	ND ADDRESS	OF FACIL	JTY					
	1 DO D = 1	472.			WM		. MARC	HF	/H 110	11 F	NO	RTH	ΔΛΕ	NUE
	23. PART I. Enter the disesses, or ahock, or heart failure.								-					Approximate
	IMMEDIATE CAUSE (Finel disease or condition resulting in desth)  Sequentially list conditions,  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):													
		DUE TO	(OR AS A CONSI		. , .									4.
Z	Sequentially list conditions,	a Bre	ast (		an	•							_	Typean
Ĕ	if any, laading to immediata cause, Enter UNDERLYING	DUE TO	(OR AS A CONSI	EOUENCE O	F):									•
5	CAUSE (Disesse or injury	c. DUF TO	(OR AS A CONSI	FOLIENCE O	E.								-	
CERTIFICATION	that initiated events resulting in death) LAST	4			,								İ	
빙		u,											-	
EDICAL	PART II. Other aignificant condition	s contributing to	death but not	reaulting	In the unc	dariyin	g cauaa give	en in Pa	ort I. 24a.	WAS AN	AUTOPSY MED?	241	AWAI	E AUTOPSY FINDINGS LABLE PRIOR TO
ă									_ 10	YES 2	□ NO			PLETION OF CAUSE DEATH?
Σ									_				1 🗆	YES 2 NO
ž														
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER		LACE OF DEAT	TH (Checi	k only one)					
YS	1 TYES 2 NO	1 - Inpetient 2	· · · · · · · · · · · · · · · · · · ·	-	4 - Nursi	ng Hon	ne 5 🗆 Resid	_						
	27. MANNER OF DEATH  1 Natural 5 Pending	28a. DATE OF (Month, D	injury lay, Ybar)	28b. TIM	JURY M	W	JURY AT ORK?		28d. DEŞCRIB	E HOW II	NJURY O	CCURED		
BY	2 Accident Investigation	984 01 107 0	ME IAN INTERS 211		M .		YES 2 N	_		1.00	-44		0 :	
60	3 Suicide 8 Could not be 4 Homicide determined	building,	OF INJURY — All I atc. (Specify)	iome, tarm,	struct, facto	ry, offic	:a	- [ '	City or Tox		ina Numbi	er or Rural :	rioute	rrumber,
COMPLET	29a. CERTIFIER 1 CERTIFYING PHYS	ICIAN: To the best of	my knowledge.	death occur	red at the Hr	ne, date	and place, an	nd dun to	the cause(a)	and man	ner as st	ited.		
M	(Check only one) 2 MEDICAL EXAMINE												a) and	manner sa stated.
	296. SIGNATURE AND TITLE OF CERTIFIE						29c. LICENS							
H	(1) lande						290. LICENS	E NUMB	E11		and, UA	1 2	C (MO)	th, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WH	IO PLETED CAU	SE OF DEATH (IT	EM 27) (Type	o, Print)	_					-	-	1	, ,
	600 N (181	Mre S	t	Be		10	212	05						
	31. DATE FILED (MG/AN 26 19	32. REGISTRA	IN'S SIGNATURE		1	la-		7						

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DALIMORE, MARTLAND 21203-3140	n. Page 6 may be retained by the hospital or attending physicia	aral lifector, page 5 should be detached for use as the burial-tr	niner must be notified at once.
DIVISION OF VITAL RECORDS, F.O. BOX 13146,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death cardificate be executed within 24 hours after death. Page 6.ms/ be retained by the hospital or attending physicia	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral vicetor, gar 5 should be detached for use as the burlal-to filled within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burlal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

permit. Pages 1, 2, 3 should

2. DATE OF DEATH MONTH 3. TIME OF DEATH OLIVIA SMITH 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In vrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year 8. BIRTHPLACE (State or Foreign 5/23/19 MONTHS DAYS HOURS MIN 1 M 2 1000 70 219-01-3540 MD 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 1251 NORTH BROADWAY DIRECTOR BALTIMORE CITY RESIDENCE OF DECEDENT IDE, CITY, TOWN OR LOCATION tod. INSIDE CITY 10b. COUNTY MD BALTIMORE 1 YES 2 NO 10e. STREET AND NUMBER FUNERAL 10f. ZIP COOF 10g. CITIZEN OF WHAT COUNTRY? 1251 N. BROADWAY 21213 USA 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No-11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 14. RACE — American Indian, Black, White, etc. If yes, specify Cuban, Maxican, Puerto R

1 YES 2 NO Specify: FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 1 Never Married 2 Married BLACK Specify BY 3 Widowed 4 Divorced ETED. 18e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 186. KIND OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-12) College (1-4 or 5+) COMPL 10th CLERICAL SOCIAL SECURITY 17. FATNER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) JAMES **JENKINS** BE AVINIA JENKINS 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9 DELORES JENKINS WALLACE PATTERSON PARK AVE /BALTIMORE. MD 20s. METHOD OF DISPOSITION

1 X Buriel 2 Cremetton 3 Removal from State
4 Donatton 8 Other County 20c. LOCATION — City or Town, State 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or Donation 8 - Other (Specify) ARBUTUS ARBUTUS. MEMORIAL PARK MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY MARCH F.H. anen WM.C.1101 E NORTH 23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory strest, Approximata shock, or haart failure. List only one cause on each line. interval Between Onset and Death IMMEDIATE CAUSE (Final disease or condition\_ resulting in death) DUE TO (OR AS A CONSEQUENCE OF) PHYSICIAN: MEDICAL CERTIFICATION Sequantisity tlat conditions, If sny, leading to immedista cause. Enter UNDERLYING CAUSE (Disesse or injury that initiated events resulting in death) LAST PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a MAS AN AUTOR 24b. WERE AUTOPSY FINDINGS PERFORMED! AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) **EXAMINER?** HOSPITAL: OTHER: 1 YES 2 NO 1 | Inpetient 2 | ER/Outpetient 3 | DOA me 5 Residence 8 Other (Specify) 27. MANNER OF DEATN 28a. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d, OESCRIBE NOW INJURY OCCURED 1 Natural 5 Pending investigation 1 YES 2 NO BY 2 Accident 28a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be detarmined COMPLETED 4 Homicide 29a, CERTIFIER CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated. 2 MEDICAL EXAMINER: On the beale of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and memor as stated. 295\_SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE Della 2-9 L d 9 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Prigs 31. DATE FILED (Month

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STROUGH	ith with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	narked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at o
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	FOR 1 - STATE REGISTRAR	STATE OF MARY	LAND / DEPA					MENTAL HYGIE						
	1. DECEOENT'S NAME (First, Middle, Lest)							2. DATE OF DEATH MONTH	DAY	YEAR	3. TIME OF DEATH			
	C/ Alma	С.	Sherma	an				11/ 24	7 9	0	2201 H			
	4. SOCIAL SECURITY NUMBER		7.5 - YRS.	Olithday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. WONTHS DAYS HOURS MIN.				7. DATE OF BIRTH (Month, Day, Year)		Countr	PLACE (State or Foreign			
	9a. FACILITY NAME (If not institution, give stre	pet and number)	-	9b. CITY	Y, TOWN O	R LOCATION	N OF DE		9c, CO1	JNTY OF D	,			
TOR	Carroll County	(	11											
DIRECTOR	10a. STATE 10b. COUNTY Maryland Carro	11	10c. CI	TY, TOWN	on Locati						10d. INSIDE CITY LIMITS? 1 TES 2 NO			
	10e, STREET AND NUMBER				1 101	ZIP CODE			10a CC	TIZEN OF Y	WNAT COUNTRY?			
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BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 🖾 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES	S 2 NO		If yes, spe		, Mexicar	IIC ORIGIN? (Specify ) n, Puerto Rican, etc.)	fes or No—	Speci	E — American Indian, k, Whita, etc. lly: Thite			
G	15. DECEDENT'S EDUCA	ITION	16a. DECEDENT	S USUAL O	CCUPATIO	H		16b. KINO OF E	USINESS/IN	DUSTRY				
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ME			Facto	ory w	orke					e CI	othing Man.			
	17. FATHER'S NAME (First, Middle, Lest) Ferdinand	i A.	Gisr	101		18. MOTHE		ME (First, Middle, Meid eNora	A .	Bak	- M			
BE	19a. INFORMANT'S NAME (Type/Print)	A.			e /Otmod or	and Alcomban		Route Number, City or 1			er			
5	Rev. Louis Sakols	sky						w Port Ri			34653			
	20a, METHOD OF DISPOSITION 1 Disposition 3 Remove	val from State	Dulaney	SITION (N	ame of cen	netery, crema	nfory or	20c. i	LOCATION -					
	4 Donation 5 Other (Specify)		Dulaney						Cocke	ysvı	lle, MD			
	21. SIGNATURE SERVICE RICE	M. O	m/ki		Lori		ers	Funeral			, Inc.			
	23. PART I. Enter the diseases, Dr co	mplications that gaus	ed the death. Do								Approximate			
	shock, or heart fellure. List only one cause on each line.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  a													
	resulting in death)	DUE TO (OR A)	A CONSEQUENCE	OF):	-00	>/ (/(	N/	crey or		10/	<u>'</u>			
7	Sequentially list conditions to Aciely Muy ocardial Futurches;													
Ö	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS	A CONSEQUENCE	OF):	1	Coc		7	100					
CAT	cause. Enter UNDERLYING CAUSE (Disease or injury													
IF	that initiated evente	DUE TO (OR AS	A CONSEQUENCE	OF):										
CERTIFICATION	resulting in death) LAST													
	PART II. Other Ognificant conditions	contributing to death	but get /equiting	In the u	nderivino	cause di	iven in	Part I. 24s. WAS	AN AUTOPSY	24b	b. WERE AUTOPSY FINDINGS			
S	1) 10 000	in M	ell to	400	-01110			PERF	ORMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE			
ED								1 U YES	2 NO		OF DEATN?			
∑								_			1 WES 2 NO			
AN	25. WAS CASE REFERRED TO MEDICAL				26. PL	ACE OF DE	ATH (Ch	eck only one)						
SIC		HOSPITAL:	utpetient 3   DOA	OTHE	R:			□ Other (Specify)						
PHYSICIAN: MEDICAL	27. MANNER OF CEATH	28a. DATE OF INJUR (Month, Day, Year	Y 28b. T	_	28c. INJ	_		28d. DESCRIBE HO	W INJURY O	CCURED				
BY	1 Netural 5 Pending 2 Accident Investigation			М		rES 2	NO				11/1			
ED	3 Suicide 8 Could not be determined	26e. PLACE OF INJU- building, etc. (S)	RY — At home, farm pecify)	, street, fac	ctory, office	•		28f. LOCATION (Stre City or Town, Ste		er or Rural I	Route Number,			
E	29a. CERTIFIER OF CERTIFYING PHYSIC	IAN: To the heat of or to	auladas desth seem	med at the	Alma der	and et	and di	4- Ab		-1-4				
COMPLET	(Check only one) 2 MEDICAL EXAMINER	AN: To the best of my know. On the basic of examinat									s) and manner as stated.			
	29b. SIGNATURE AND TITLE OF CERPIFIER	11/	1			29c, LICEI					D (Month, Day, Year)			
H	MMMC	NUL	9 /1	10		11	10	99		- 24L				
2	O NAME AND ADDRESS OF BEDSON WHO					1/3	Ü,		1	ng	- /7			

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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fune	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical exam
표	표	filed v	PORT
2	2	8	E

FRANK PERETTI, MD

JAN 26 1990

	FOR STATE REGISTRAR		STATE OF I	MARYLAN	ND / DEPAR					NTAL HYG					
	1. DECEDENT'S NAME (First	, Middle, Lest)			V V	-				DATE OF DEAT	н			3. TH	ME OF DEATH
	WARREN I	HARRIS	SANFOR	D					- 12	монтн 1 <b></b> 23-	DAY	1	YEAR	10	):05AM M
-1	4. SOCIAL SECURITY NUME		5. SEX		yrs. last birthday)	IF UNDER 1 YEAR				DATE OF BIRTI	1		8. BIRTI	_	(State or Foreign
	219-38-027		1 🖾 M 2 🗆 F	49	YRS.	MONTHS D	AYS	HOURS A	MIN. 3	15/40	r)		Count	(ry)	and
	9a, FACILITY NAME (If not in			77		AL CITY TO	WAL 0	R LOCATION				0- 0011	NTY OF E		and
		_										9C. COO	MITOFI	JEAIN	
2	2699 Wilke	ns Ave	nue			Balt	:ım	ore C	ity						
	10a, STATE	10b. COUNT	Υ		10c. CIT	Y, TOWN OR I	OCAT	ION						10d.	INSIDE CITY
DIRECTOR	Maryland				В	altimo	re								LIMITS?
	10e. STREET AND NUMBER						101.	ZIP CODE				10g. CIT	IZEN OF	WHAT C	OUNTRY?
FUNERAL	2699 Wilkens Avenue 21223 U.S.A.														
11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECEMBENT OF HISPANIC ORIGIN? (Specify Yee or No.— 14. RACE — Arme										nerican Indian.					
	1 Never Married 2	Married	FORCES?			If yo	s, sp		Mexican, P	uarto Rican, etc			Blac	k, Whit	a, etc.
В	3 Widowed 4 Divo	proed	1 123, 0112	THE OT SHIP		''	123	2 <u>2</u> NO	эрвиту.				Spec	W	hite
	15. DEC	EDENT'S EDU	CATION	1	6a. DECEDENT'S	USUAL OCCL	PATIC	N		18b. KIND O	BUS	INESS/INI	DUSTRY		
<u> </u>	Elementary/Secondary (1		College (1-4 or 5	+)	life. Do NOT u	work done duri se retired.)	ng moi	at or working							
릴	12th grade				Fact	ory Wo	rk	er							
COMPLETED	17. FATHER'S NAME (First, A	fiddle, Last)						18. MOTHER	R'S NAME	First, Middle, M.	iden S	Surname)			
<u> </u>	Fenton	Sanfor	d					E1:	izabe	th M.	Ha:	rris			
0 8	19a. INFORMANT'S NAME (	Type/Print)	-		19b. MAILING	ADDRESS (S	treet a	nd Number or	Rural Route	Number, City o	Town	, Statu, Zij	o Code)		
Ĕ	Robert F.	Sanfor	d		1056	Omar	Dr	ive (	Crown	sville	, 1	Md.	210	32	
	20e. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or 20c. LOCATION — City or Town, State									ate					
	4 Donation 5 Other		IOVAI ITOM STATE	_ Lo	oudon P	ark Ce	me	tery			Ba	ltim	ore,	Ma	ryland
Ī	21. SIGNATURE OF FUNERA	L SERVICE LI	CENSEE	_				D ADDRESS			_				
	Chiat	200	Hr	nilos				rd Fui Wilker		Home,			e, M	Ы	21229
	23. PART I. Enter the d	liseases, pr	complications th	at caused t	the death, Dp	_			_					1	Approximete
			List only one ce	use on eac	th line.			, ,			•		•		Interval Between Onset and Death
	IMMEDIATE CAUSE (Findisease or condition	nel	Ar	terio	sclerot	ic car	di	ovasci	ular	diseas	e			i	Onset and Death
	resulting in deeth)	7	a	OR AS A C	ONSEQUENCE O	PFI:								<del>-</del> i	
_			201.		12-11-11									İ	
RTIFICATION	Sequentially list condit if any, leading to imme		b. DUE TO	OR AS A C	ONSEQUENCE O	PF):								-	
¥.	cause. Enter UNDERLY	ING												ļ	
Ĕ	CAUSE (Diseese or Injute that initiated events	ury	DUE TO	OR AS A C	ONSEQUENCE O	F):									
E	resulting in death) LAS	ST	4.												
S											_			1	
A I	Chronic						rtyln	g ceuse giv	en in Par			AUTOPSY MED?	24	AWAIL	AUTOPSY FINDINGS ABLE PRIOR TO
	- CILCUITE	ODSCIL	iccive bu	illiona	ry arse	ase				_ XXXXY	S 2	□ NO			PLETION OF CAUSE EATH?
MEDIC										_			X	XX	YES 2 NO
<u>₹</u>	25. WAS CASE REFERRED 1 EXAMINER?	TO MEDICAL	HOSPITAL:			OTHER:	26. PL	ACE OF DEA	TH (Check	only one)					
HYSICIAN:	XXXVES 2 NO		1 inpatient 2	☐ ER/Outpat	lent 3 🗆 DOA		Hom	e XXXvelo	dence 8	Other (Specify	)				
H	27. MANNER OF DEATH	1020020	28a. DATE O (Month,	F INJURY Day, Year)	28b. TII	JURY	ic. INJ	URY AT		d. DESCRIBE I	OW IF	JURY OC	CURED		
B	2 Accident	Pending Investigation					1 🔲		NO						
9		Could not be	28e. PLACE building	OF INJURY - g, etc. (Specify	- At home, ferm,	street, factory	, offic	a	28	f. LOCATION (S City or Town,	troet a State)	nd Numbe	or Runal	Floure I	Vumber,
	4 Homicide	detarmined													
MPLET	(Critical Drilly	TIFYING PHYS	SICIAN: To the best	of my knowled	dge, death occur	red at the time	, date	and placa, a	ind due to	the cause(s) an	d man	ner aa ste	rted.		
o i	one)	HCAL EXAMIN	ER: On the besis of	examination	and/or investigati	on, in my opir	ilon, d	leath occured	at the tim	e, data and pla	e, are	d due to i	he cause	(s) and	manner ss stated.
Ŭ	296. SIGNATURE AND TITE	Е ОРТИНИТИ	m A		2			29c. LICEN		R		29d. DA	TE SIGNE	D (Mont	th, Day, Ybar)
<u>ه</u> ا	LLV.	1	1/	un	/			$\alpha$	CME				1-2	24-9	0
임	30. NAME AND ADMRESS	PERSON W	HO COMPLETED CA	USE OF DEAT	H (ITEM 27) (Typ	e, Print)									

111 Penn Street, Baltimore, MD 21201

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical
ecuted	nd cor	burial,	rtic e
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FRANK PERETTI, MD

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	1 - FOR STATE REGISTRAR	S	TATE OF N	MARYLAN	D / DEP/					MENTAL	HYGIENI REG. NO.	E				
	1. OECEDENT'S NAME (First, Mid				1					2. DATE	OF DEATH	v	YEAR	3. T	IME OF DEATH	
- 1		METAIN			R.		SC	OTT		1-	24-90 <sup>th</sup>		TEAR		2:02AM	М
- 1	4. SOCIAL SECURITY NUMBER	rs. lest birthde		ER 1 YEAR	IF UNDER			OF BIRTH Day, Year)		8. BIRTI Count	IPLAC	E (State or Fore)	ign			
	214-74-3040	16	M 2 🗆 F	32	YRS	MONTHS	DAYS	HOURS	MIN.		31/57		Mar		and	
	9a, FACILITY NAME (If not institu	ition, give street a	and number)			9b. CIT	Y, TOWN	R LOCATIO	ON OF DE	ATH		9c. COU	NTY OF E	EATH		
<u>ج</u> ا	St. Agnes H	lospita	1			E	Balti	more	Cit	У						
ĔΙ	RESIDENCE OF DECED	DENT														
DIRECTOR		b. COUNTY			10c.	HTY, TOWN	OR LOCAT	ION							INSIDE CITY	
	Maryland	Balt	imore			Lans	sdown								YES 2 N	D .
₹	10e. STREET AND NUMBER						101	ZIP CODE				,			COUNTRY?	
FUNERAL	130 Hazel A	- P							227				.S.A			
2	11. MARITAL STATUS  1 Never Married 2 Mar		WAS DECEDEN			13				HC DRIGIN	? (Specify Yee lican, etc.)	or No-	14. RAC Blac	E — / k, Wh	mericen indien, ite, etc.	
ВУ	3 Wildowed 4 Divorced		IF YES, GIVE Y	MAR OR DATE	S		1 YES	2 X ND	Specify	r.			Spec	wy:	White	
ED E		ENT'S EDUCATIO	NA.1	146	a. DECEDEN	100 1401141	00010471			401	KIND OF BUS	41500			MILLE	
ETE	(Specify only hig	ghest grade comp	oleted)		(Give kind	of work don	e durina ma	at of working	ng	160.	KIND OF BUS	HMESS/INI	JUSTRY			
PLE	Elementary/Secondary (0-12)	Co	ellege (1-4 or 5	+)			,				Baker	17				
OMO	10th Grade	n I anti			Manag	er		40 44077	LICONO ALA	AF 177-1 A	liddle, Malden					
ĕ	Leon Scott	e, Lasty									lland	Surneme)				
3	190, INFORMANT'S NAME (Type)	(Deint)	·		I top MAII	NC ADODS	DO /Chand				er, City or Town	- Ptata 7	Code)			_
2	Norma Scott	e rang									ore, M			2	1227	
	20e. METHOD OF DISPOSITION			20h Pi	LACE OF DIS					T C TIII		CATION -				
	1 (X Buriel 2 Cremation 4 Donation 5 Other (Sp.	3 Removal	from State	of	oudon										ryland	
	21. SIGNATURE OF FUNERAL SI	-	EE	1 10	Judon		2. NAME A			CILITY	рал	C TINO	IE,	ria.	Lyland	
	. 11		//		_		Iubba	rd F	uner	al Ho	ome, I	nc.				
	NAA	4.50	_	1							Balt			d.	21229	)
	23. BART I. Egier the dises shock, or bear	sees or comp	pilications the	at caused th	he death. D	o not ente	er the mo	de of dy	ing, suc	h as card	liac or respi	ratory ar	rest,		Approximate Interval Bet	
- 1	IMMEDIATE CAUSE (Final		-											ļ	Onset and I	
	disease or condition resulting in death)	a	Acute	anter	lor w	all n	iyoca	rdia.	lin	farct	-			[		
					ONSEDUENCE											
χ	Sequentielly list conditions	. D	Hypert				ascul	ar d	ısea	se				_		
RTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	ta	DUE TO	(OR AS A CO	ONSEDUENCI	OF):								l		
<u> </u>	CAUSE (Disease or Injury	c	DHE TO	100 AC A C	ONSEQUENCE	OD.										
	that initiated events reaulting in death) LAST		DOE 10	(On AS A C	ONSEQUENCE	OF).								j		
	534	d														
٠. ١	PART II. Other significant	conditiona co	ontributing to	death but	not resultli	g in the	undertyln	g cause	given in	Part I.	24a. WAS AN PERFOR		24		RE AUTOPSY FINE	
MEDICAL											XXXES 2			COL	IPLETION DF CA	
											2 12 12 1				YES 2 □ NO	0
\$	25. WAS CASE REFERRED TO M	IEDICAL					28. P	LACE OF D	EATH (Ch	eck only on	ю)				-	
PHYSICIAN:	EXAMINER?		OSPITAL:	☐ ER/Outpati	ent 3 DO	OTH	ER: ursing Hon	10 5 🗆 R	esidence	8 Othe	r (Specify)					
<u> </u>	27. MANNER OF DEATH	128	28a. DATE Of		28b.	TIME OF	28c. IN.	JURY AT			CRIBE HOW I	NJURY O	CURED			
BY	XXXXIIIIII 5 Per	nding estigation	(Month, L	Jay, rear)		M	_	YES 2	NO							
	2 Cululda	uld not be	28e. PLACE (	OF INJURY —	Al home, far	m, street, f	ectory, offic	e e			ATION (Street		or or Rumi	Ploute	Number,	
		ermined	Junuity	, are (opoury)	,				1	City	or Town, State)					
OMPLET	290. CERTIFIER 1 CERTIFY	ING PHYSICIAN	l: To the best o	f my knowled	ige, death occ	urred at the	e time, date	and place	, and due	to the cm	use(s) and ma	nner sa st	rted.			
Ž	(Check only October one) Committee one)													(e) and	d menner as sta	ried.
ပ၂	296: STGNATURE AND HILE OF								ENSE NUI						nth, Day, Year)	
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임	SO, NAME AND ADDRESS OF P	turiou unuo oc	NAME OF THE OWN	100 AC 05 17	11 11 TEN AT A											

111 Penn Street, Baltimore, MD 21201

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	1 - FOR STATE OF MARYLAND C	DEPARTMENT OF		MENTAL HYGIENI REG. NO.	E	
1	1. DECEDENT'S NAME (First, Middle, Last)	1 A.		2. DATE OF DEATH DA	Y YEAR	3. TIME OF DEATH
		ETH STERL		7. DATE OF BIRTH	3x 90	
	4. SOCIAL SECURITY, NUMBER 3 5. SEX 6. AGE (In yrs. In ) 300 30 7 703	) YRS. MONTHS DAY		(Month, Day, Year)	Con	ATHPLACE (State or Foreign untry)
	9a. FACILITY NAME (If not institution, give street and number)	9b. CITY, TOV	N OR LOCATION OF DE		9c. COUNTY O	1- 1-
8	CHURCH 1105PITAL	BAL	10		1	
<u> </u>	RESIDENCE OF DECEDENT  10e. STATE 10b. COUNTY	10c. CITY, TOWN OR LO	CATION			10d. INSIDE CITY
DIRECTOR	MD.	100	IMORE			LIMITS?
	10e. STREET AND NUMBER		101. ZIP CODE		10g. CITIZEN O	F WHAT COUNTRY?
ER	2106 CAMBRIDGE ST		2123	1	US.	A
BY FUNERAL	11. MARITAL STATUS  1 Never Married  2 Married  3 Widowed 4 Divorced	NO If yes	DECENDENT OF HISPAN, specify Cuben, Mexico YES 2 NO Specify	IIC ORIGIN? (Specify Yea n, Puerto Rican, etc.)	В	ACE — Americen Indien, lack, White, etc.
		DECEDENT'S USUAL OCCUP		16b. KIND OF BUS	SINESS/INDUSTRY	UHITE
	(Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5 +)	'Give kind of work done during fe. Do NOT use retired.)	most of working			
COMPLETED		ERCHANT				
8	17. FATHER'S NAME (First, Middle, Last)		-0.24	ME (First, Middle, Melden		
BE	ARTHUR STERLING  198, INFORMANT'S NAME (Type/Print)	19b. MAILING ADDRESS (Sin		74 EA	-	
임	All Alone and All Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Con	2106 CAN				no 21231
	20a. METHOD OF DISPOSITION 20b. PLAC	E OF DISPOSITION (Name of place)		20c. LO	CATION — City o	Town, State
	4 Donation 6 Other (Specify)	K LAWA			9270.	MD.
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	22. NAM E.O.	E AND ADDRESS OF FA	WEBER	FUNG.	RAL HOME
	23. PART i. Enter the diseases, or complications that caused the c					Approximata
	shock, or heart fallure. List only one cause on each lir IMMEDIATE CAUSE (Final					Interval Between Onset and Death
	resulting in death)	DIO REST	ARRI	EST		
	DUE TO (OR AS A CONS	EQUENCE OF):				
S O	Sequentially list conditions, DUE TO (OR AS A COME	EQUENCE OF:				
CAT	If any, leading to immediate cause. Enter UNDERLYING	NCRETIC	O DUODE	NECTOR:	1	
	CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONS resulting in death) LAST	EQUENCE OF): NCER	P. 150	( )		
CERTIFICATION	d	NCER	IANCIL	EAD		
CAL	PART II. Other significant conditions contributing to death but not	resulting in the under	ying ceuse given in	Part I. 24a. WAS AN		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIDE TO
2		UNDICE		1 YES 2		CDMPLETION OF CAUSE DF DEATH?
PHYSICIAN: MEDI	Asules	ANGULE				1 TYES 2 NO
ä						
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO 1 Ingellent 2 ER/Outpatient	OTHER:	B. PLACE OF DEATH (Ch			
¥	27, MANNER OF DEATH 28s, DATE OF INJURY	28b. TIME OF 28c	Home 5 Residence	28d, DE\$CRIBE HDW I	NJURY OCCURED	)
	1 Netural 5 Pending (Month, Day, Year) 2 Accident Investigation	INJURY M 1	WORK?			
D BY	3 Suicide s Could not be 28e. PLACE OF INJURY — At a building, etc. (Specify)	home, farm, street, factory,	office	28f, LOCATION (Street of City or Yown, State)	and Number or Ru	rel Route Number,
ETE	4 Homicide determined					
COMPLETED	29s. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, one) 2 MEDICAL EXAMINER: On the basis of examination and/o					se(e) and manner se stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIER M. BIJP	URIA MD.	29c, LICENSE NU	MBER		NED (Month, Day, Year) 2-3-90
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (IT	TEM 27) (Type, Print)				
	Con DATE FOR SD Allers Co. Wash					
	31. DATE FILED (Month, Day, Year)  32. REGISTRAR'S SIGNATURE					
	JAN 26 1990 Juli Kariban Hand					DHMH-16 Rev 1/89

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A Lock Co. Self-Experience

6 masses retained by the hospital or attending physician. BALTIMORE, WARYLAND 21203-3146 as after death. Pet. 6 gards retained by the hospital or attending physic -be notified at once. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within TO THE PUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completel be filed within 72 hours after death with the State Dept. of Health and Mernal Hygiene prior to burial, crem; iMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event,

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EDAL DIRECTOR, AND THIS COLUMN TO BE DEST SHOW IN THE COMPLETE WHICH IN U. S. IN THE SHOW IN THE SHOW IN THE SHOW IN THE SHOW IN THE SHOW IN THE SHOW IN THE SHOW IN THE SHOW IN THE SHOW IN THE SHOW IN THE SHOW IN THE SHOW IN THE SHOW IN THE SHOW IN THE SHOW IN THE SHOW IN THE SHOW IN THE SHOW IN THE SHOW IN THE SHOW IN THE SHOW IN THE SHOW IN THE SHOW IN THE SHOW IN THE SHOW IN THE SHOW IN THE SHOW IN THE SHOW IN THE SHOW IN THE SHOW IN THE SHOW IN THE SHOW IN THE SHOW IN THE SHOW IN THE SHOW IN THE SHOW IN THE SHOW IN THE SHOW IN THE SHOW IN THE SHOW IN THE SHOW IN THE SHOW IN THE SHOW IN THE SHOW IN THE SHOW IN THE SHOW IN THE SHOW IN THE SHOW IN THE SHOW IN THE SHOW IN THE SHOW IN THE SHOW IN THE SHOW IN THE SHOW IN THE SHOW IN THE SHOW IN THE SHOW IN THE SHOW IN THE SHOW IN THE SHOW IN THE SHOW IN THE SHOW IN THE SHOW IN THE SHOW IN THE SHOW IN THE SHOW IN THE SHOW IN THE SHOW IN THE SHOW IN THE SHOW IN THE SHOW IN THE SHOW IN THE SHOW IN THE SHOW IN THE SHOW IN THE SHOW IN THE SHOW IN THE SHOW IN THE SHOW IN THE SHOW IN THE SHOW IN THE SHOW IN THE SHOW IN THE SHOW IN THE SHOW IN THE SHOW IN THE SHOW IN THE SHOW IN THE SHOW IN THE SHOW IN THE SHOW IN THE SHOW IN THE SHOW IN THE SHOW IN THE SHOW IN THE SHOW IN THE SHOW IN THE SHOW IN THE SHOW IN THE SHOW IN THE SHOW IN THE SHOW IN THE SHOW IN THE SHOW IN THE SHOW IN THE SHOW IN THE SHOW IN THE SHOW IN THE SHOW IN THE SHOW IN THE SHOW IN THE SHOW IN THE SHOW IN THE SHOW IN THE SHOW IN THE SHOW IN THE SHOW IN THE SHOW IN THE SHOW IN THE SHOW IN THE SHOW IN THE SHOW IN THE SHOW IN THE SHOW IN THE SHOW IN THE SHOW IN THE SHOW IN THE SHOW IN THE SHOW IN THE SHOW IN THE SHOW IN THE SHOW IN THE SHOW IN THE SHOW IN THE SHOW IN THE SHOW IN THE SHOW IN THE SHOW IN THE SHOW IN THE SHOW IN THE SHOW IN THE SHOW IN THE SHOW IN THE SHOW IN THE SHOW IN THE SHOW IN THE SHOW IN THE SHOW IN THE SHOW IN THE SHOW IN THE SHOW IN THE SHOW IN THE SHOW IN THE SHOW IN THE SHOW IN THE SHOW IN THE SHOW IN THE SHOW IN THE SHOW IN THE SHOW IN THE SHOW IN THE SHOW IN THE SHOW IN THE SHOW		IT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,

				OF DE			REG. NO.	•		
	1. DECEDENT'S NAME (First, Middle, Leet) SIR	E	A	HG	#	2	DATE OF DEATH MONTH DA	<u> </u>	YEAR 90	3. TIME OF DEATH  9. SOP M
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last		IF UNDER		F UNDER 2	MIN.	(Month, Day, Year)		Country	PLACE (State or Foreign
	235-28-38/91 XM20 67	YRS.					6/8/22			YLANDWVa
~	So. FACILITY NAME (If not institution, give street and number)		9b. CITY,	, TOWH OR I	OCATIO	N OF DEAT	н	9c. COUN	ITY OF DE	HTA
Ē	BON SECOURS HOSPITAL		I	BALTI	10RE	CIT	Y			
DIRECTOR	10a, STATE 10b, COUNTY	10c, C/1	Y, TOWN C	OR LOCATION	1					10d. INSIDE CITY LIMITS?
	MD.	BA	LTIMO	ORE						1 XES 2 NO
3AL	10e. STREET AND NUMBER			10f. Zi	PCODE					HAT COUNTRY?
FUNERAL	1714 W. LOMBARD ST.		1		212				USA	
BY	11. MARITAL STATUS  1 Never Merried 2 Married  3 Widowed 4 Divorced  12. WAS DECEDENT EVER IN U.S. ARR FORCES? 1 YES 2 N  IF YES, GIVE WAR OR DATES		1		y Cuban,	, Maxican, I	ORIGIN? (Specify Yea Puarlo Rican, etc.)	or No-	14. RACE Black, Specify WHI	
COMPLETED	(Specify only highest grade completed) (Gh	ve kind of	work done of retired.)	CCUPATION during most o	f working	,	15b. KIND OF BUS	INESS/IND	USTRY	
MPL	12th Adv	del								
00	17. FATHER'S NAME (First, Middle, Last)			1			(First, Middle, Maiden	Surneme)		
BE	John W Sirbaugh	12/5 000					(UNKNOWN)			
2	PARTIE CONTROL OF						te Number, City or Town			
	20s. METHOD OF DISPOSITION 20s. PLACE (	OF DISPO					Baltimore	CATION — C		vn State
	1 Burial 2 Cremation 3 In movel from State and Other place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the plac	ice)		PARK (		-				ARYLAND
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	- 9	7 22.	NAME AND	ADDRES	S OF FACIL				
shelph.	January sellace	2 - /		STATE	ANA	TOMY	BOARD, B	ALTO.	., MI	201
	23. PART I. Enter the diseases, or complications that caused the de- shock, or heart failure. List only one cause on each line.	ath. Do	not antar	the moda	of dyin	ng, such i	na cardiac or respi	ratory arr	eat,	Approximata
	IMMEDIATE CAUSE (Final disease or condition resulting to death)	to	ry		fa	ilu	ve			Onset and Death
NO	Sequentially list conditions,	al	p	lew	ial	6 1	ffuse	in		-
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	ar	4	Ju	ile	nec	closes			
ERTIF	that initiated events resulting in death) LAST	is	L	mèr	_ (	U	Asci	tes	_	
	PART ti. Other significant conditions contributing to death but not re	esulting	in the ur	nderlying o	euse gi	iven in Pr			24b.	WERE AUTOPSY FINDINGS
MEDICAL	Behindration						PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
WEL	Depulssion		0			13	Let 1			1 YES 2 NO
	_ withary rais		In	fer	li	and				
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		OTHE	-	E OF DE	ATH (Check	t only one)			
PHYSICIAN:	1 YES 2 NO 1 Impatient 2 ER/Outpatient 3		4 🗆 Nur	rsing Home	_	7	Other (Specify)			
	27. MANNER OF DEATH  1 Netural 5 Pending  28. DATE OF INJURY (Month, Day, Year)	28b. TII	JURY	28c. INJUR WORK 1 YES	?		ed. DESCRIBE HOW II	JURY OCC	CURED	
ВУ	2 Accident Investigation 3 Suicide & Could not be 28e. PLACE OF INJURY — At hor	me, ferm.	street, fect		, 2		ter. LOCATION (Street a	and Number	or Rural B	nute Number
TED	4 Homicide detarmined building, etc. (Specify)						City or Town, State)			
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, de MEDICAL EXAMINER: On the best of axamination and/or is									and manner as stated.
BE C	206. SIGNATURE AND TULE OF CERTIFIER	//	71.	√	9c. LICEI	NSE NUMB	ER -	29d. DATI	E SIGNED	(Month, Day, Year)
70	30. NATION AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH THE	400 7-	our -		0	20	277		1-1	3-70
	KOSITA R. CPUZU	BO	M. Printi	SE	Co	DUP	25 He	28P1	TA	1
	31. DATE FILED (Month, Day, Year)  JAN 2 6 1990 Fuhr Davidson And	400								

FOR STATE DEGISTRAR 1 -

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO

. DECEDENT'S NAME (First, Middle, Lest) Bernardin											
Dellial (III)	ne J.	Tribu	33					m.O.idali	MY	YEAR	3. TIME OF DEATH
SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les		IF UNDER	. VEAD	IF UNDER 2	u ume	7. DATE OF BIRTH	22	1990	IPLACE (State or Foreign
220-05-1820	1 M 2 TF	84		MONTHS	DAYS	HOURS	MIN.	(Month, Day, Year) 6-26-19	905	Countr	
e. FACILITY NAME (If not institution, give	atreet and number)			9b. CITY,	TOWN (	OR LOCATIO	N OF DE		-	NTY OF D	
848 Riversid	le Drive			Pa	sad	ena			Anı	ne A	rundel
RESIDENCE OF DECEDENT	TY		I 10c CITY	, TOWN O	D I OCA	TION					10d. INSIDE CITY
	e Arunde]	l.		asad							LIMITS?
Oo. STREET AND NUMBER					10	1. ZIP CODE			10g. CIT	IZEN OF V	VHAT COUNTRY?
7805 Outing A						211	22		1	U.S.A	
1. MARITAL STATUS  Never Merried 2 Merried  Widowed 4 Divorced		NT EVER IN U.S. AF			If yee, sp		, Mexica	iC ORIGIN? (Specify Yen, Puerto Ricen, stc.)	a or No-	14. RACE Black Speci	E — American Indian, k, White, etc. //y: White
15. DECEDENT'S ED (Specify only highest grad	UCATION le completed)	(G	CEDENT'S	rork done o	CCUPATE	ON ost of working	,	16b. KIND OF BU	ISINESS/IN	DUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5	+)	. Do NOT use	e retired.)							
8th Grade			House	wife	)			Home	Mak	er	
7. FATHER'S NAME (First, Middle, Lest)						18. MOTH	ER'S NA	ME (First, Middle, Maide	Surname)		
William	Heying					M	aria	a Bremn	er		
9a. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRESS	S (Street i	and Number of	or Rural F	loute Number, City or To		p Code)	
Rita Markowsk	i		848 R	dver	rsid	e Dri	ve	Pasadena,	Mar	yland	1 21122
On. METHOD OF DISPOSITION		20b. PLACE	OF DISPOS			metery, creme			OCATION -		
	moval from State	Hol		ss C	eme	tery		Ba	ltim	ore,	Maryland
H. SIGNATURE OF FUNERAL SERVICE L	ICENSEE	40		22. 1	NAME A	ND ADDRES	S OF FA	CILITY			
· aukan	C CK	Dovis	0					once Funer Hwy. Bal			
IMMEDIATE CAUSE (Final					,			. 1	6		
disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate	a. Come to oue to	OF AS A CONSE	SWENCE OF	ler	n	lic	7	CUD			Interval Between
disease or condition resulting in death)	C100000	O OR AS A COMSE	GUENCE OF	ler	nt	ic	F	CUD			Interval Betwee
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Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	e. Due to	OR AS A CONSE	QUENCE OF	der r	ndertyln	ng cause g	iven in	Part I. 24a. WAS A PERFC 1 TYES	N AUTOPSY PRMED?	241	Interval Betwee Onset and Dea Onset and Dea Onset and Dea Onset and Dea Onset and Dea Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onse
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use as the burial-transit permit. Pages 1, 2, 3 should or attending physician.

TO BE COMPLETED BY FUNERAL DIRECTOR

BALTIMORE, MARYLA

D 21203-3146

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retain TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 sh be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - STATE REGISTRAR		CE	RTIFIC	ATE O	F DEATH	REG. N	0.		
1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF DEATH MONTH	DAY	YEAR	3. TIME OF DEATH
EMMA	J.		THOR	RNE					8:20A M
4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. las		F UNDER 1 YEAR		7. DATE OF BIRTH		a. BIRTH Countr	IPLACE (State or Foreign
240-54-4735	1 M 2 F	81	YRS.	ONTHS DAYS	HOURS MIN.	(Month, Day, Year) 4/22/08		WAR	ŔENTON, NC
Se. FACILITY NAME (If not institution, give st	reet and number)		9	b. CITY, TOW	N OR LOCATION OF DE	EATH	9c. COUN	TY OF D	EATH
THE JOHNS HOPK	CINS_HOSP	ITAL		BALT	IMORE CIT	Υ	BA	LTIN	ORE
10e. STATE 10b. COUNTY			10c. CITY, 1	TOWN OR LO	CATION				10d. INSIDE CITY LIMITS?
MD			BALT	IMORE					1 X YES 2 NO
106. STREET AND NUMBER 2818 RUSCOMB LAN	JF				21215		10g. CITIZ		VHAT COUNTRY?
11. MARITAL STATUS	12. WAS DECEOENT	EVER IN U.S. AR	MED	13 WAS D	ECENDENT OF HISPAN	NC ORIGIN? (Specify V			E — American Indian,
1 Never Married 2 Merried 3 Wildowed 4 Divorced	FORCES? 1	YES 2 X	NO	If yes,	specify Cuben, Mexica ES 2 NO Specif	in, Puerto Rican, etc.)		Speci	k, Whife, etc.
15. DECEDENT'S EDUC (Specify only highest grade	CATION COMPONENTS		CEDENT'S US		TION most of working	16b. KIND OF B	USINESS/IND	USTRY	
Elementary/Secondary (0-12)	College (1-4 or 5 +	- ide	. Do NOT use r	etired.)	most or working				
12th	\	HO	MEMAKE	R		DOME	STIC		
17, FATHER'S NAME (First, Middle, Lest)		\			18. MOTHER'S NA	ME (First, Middle, Melde	n Sumeme)		
LEMUEL PULLE	. N				SALL	IE ALST	ON		
19e. INFORMANT'S NAME (Type/Print)		191	b. MAILING AL	DORESS (Street	et and Number or Rural	Route Number, City or To	own, State, Zip	Code)	
HOWARD THORNE					STRFFT/R				
20s. METHOD OF DISPOSITION  1 Disposition   3   Remove the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company	oval from State		lanel		cemetery, crematory or		OCATION — C	,	
4 Donation 8 Other (Specify)		AR BUT	US MEM	10R I AL			RBUTUS	, MI	)
21. SIONATURE OF FUNERAL SERVICE LIC	ENSEE	1	Λ	22. NAME	AND AOORESS OF FA	CILITY			
Mulliby	5- W	and	1.	WM.	C. MARCH	F/H 1101	E. NOR	TH /	AVENUE
23. PART I. Enter the disesses, or o	omplications that	csused the de	ath. Do not						Approximats
ahock, or heart failure. iMMEDIATE CAUSE (Finsi	List only one caus	e on each line							Onset end Daeth
disease or condition	Pnu	mon	à						LOV
resulting in death)		OR AS A CONSE							
Sequentielly list conditions, if any, leeding to immediate	DUE TO	OR AS A CONSE	OUENCE OF):						
ceuse. Enter UNDERLYING CAUSE (Disesse or injury	c								
that initiated events	OUE TO	OR AS A CONSE	OUENCE OF):						
resulting in death) LAST	d								
PART il. Other significant condition	s contributing to	deeth but not i	resulting in	the underly	ring ceuse given in	Part i. 24a. WAS	AN AUTOPSY	240	. WERE AUTOPSY FINOINGS
HUTERTENSION						PERF	ORMEO?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
Wsu stream					100	I U YES	NO NO		OF DEATH?  1  YES 2 NO
11/2/1346 (1)	4	_				— I		-	T TES 20 NO
25. WAS CASE REFERRED TO MEDICAL			-	26	. PLACE OF GEATH (C)	neck only one)			
EXAMINER?  1 Tes 2 -NO	HOSPITAL:	ER/Outpatient 3	DOA A	THER:	Iome 5 🗆 Reeldence				
27. MANNER OF DEATH	28e. DATE OF	INJURY	28b. TIME	OF 28c.	INJURY AT	28d, DESCRIBE HON	V INJURY OCC	CUREO	
1 Netural 5 Pending	(Month, De	ly, Yoar)	INJUF		WORK?				
2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF	FINJURY — At he	ome, farm, atro	eet, factory, o	ffice	281. LOCATION (Street		or Rural	Route Number,
4 Homicide determined	building,	etc. (Specify)				City or Town, Still	re)		
290. CERTIFIER 1 CERTIFYINO PHYSI	CIAN: To the heat of	my knowledne de	eath occurred	at the time	late and place, and du	to the councies and -	nenner se stat	ed.	
TOTAL OTHY									e) end manner se stated.
296. SIGNATURE AND TITLE OF CERTIFIE			-		29c. LICENSE NU		_		O (Month, Day, Year)
V . V C		To			296, LICENSE NO	mu≤n	290. UATI	\/	2 / 2
30. NAME AND ADDRESS OF PERSON WH	O COMPLETEO CALIS	E OF DEATH ATE	M 27) (Time P	rint)				12	470
GOON. WOLF		_			Boncor				
		R'S SIGNATURE		IEL	AUV (COV				
31. DATE FILED JAN 2 6 1990	1 gularia	R'S SIGNATURE	indess						

be detached for use as the burial-transit permit. Pages 1, 2, 3 should

by the hospital or attending physician.

TO BE COMPLETED BY FUNERAL DIRECTOR

at once.

BALTIMORE, WARYLAND 21203-3146 ins after death. Page 6

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral direct be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

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1) .

BALTIMORE, MARYLAND 21203-3146	after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the turneral director, pages, should be discussed for use as the burial-transit permit. Pages 1, 2, 3 should	moval.	ical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 2-mours after death. Page 6 may b retained to the hospital or attending physician.	'D THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in bi	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	MPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notiffed at once.

DECEDENT'S NAME (First, Middle, Last)	William	-	Tyle	er				MONT		23	90	3. TIME OF DEATH
SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. i		IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS.		OF BIRTH h, Day, Year)		8. BIRT Coun	HPLACE (State or Foreig
214-03-5776	1 XM 2 F	86	YRS.		DATE	noone		09	-27 - 03			Maryland
e. FACILITY NAME (If not institution, give a						R LOCATI		ATH		111111111111111111111111111111111111111	INTY OF I	
Edw. W. McCready	Mem. Ho	spital		(	Cris	fiel	d				Some	rset
RESIDENCE OF DECEDENT On, STATE 10b, COUNTY	Υ		10c, CIT	TY, TOWN O	OR LOCAT	ION			-			10d. INSIDE CITY
Maryland Som	erset					ie1d	M					LIMITS?
On STREET AND NUMBER				Ci		ZIP COD				10a CIT	IZEN OF	WHAT COUNTRY?
202 Comova Corro	Tank or					21	017				USA	
283 Somers Cove	12. WAS DECEDEN	NT EVER IN U.S.	ARMED	13. 1	WAS DEC		817	IIC OBIGIN	f? (Specify Yea	e or No.		
Never Married 2 Merried  Widowed 4 Divorced	FORCES? 1			1	If yes, spe		n, Mexica	n, Puerto I	Rican, etc.)		Spec	E — American Indian, ck, White, etc. offy: White
15. DECEDENT'S EDU			DECEDENT'S					16b	KIND OF BUS	SINESS/IN	DUSTRY	***************************************
(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 8		(Give kind of life, Do NOT u	work done o	during mo	at of worki	ng					
Grade 6			Water	man					Se	afoo	4	
7. FATHER'S NAME (First, Middle, Last)		•		41		16. MOT	HER'S NA	ME (First,	Middle, Maiden		,	
John Tyler							Id	a Ric	agin			
9e. INFORMANT'S NAME (Type/Print)			19b. MAILIN	O ADDRESS	S (Street a	nd Numbe			ber, City or Tow	m, State, Zi	p Code)	
Blanche D. Tyler			Sam	ne as	10	a,b,	c,d,	e,f				
On. METHOD OF DISPOSITION	and the second	20b. PLAC	CE OF DISPO						20c. LO	CATION -	City or T	own, State
Buriel 2 ☐ Cremation 3 ☐ Rem ☐ Donation 8 ☐ Other (Specify)	oval from State		nyric	dae Me	emor	ial i	Park			Ci	risf	ield, MD
	and the same		-62				SS OF FA					
1. SIGNATURE OF FUNERAL SERVICE LI	CEMBEE	1 1	1	22.	NAME AP	ID ADDRE		CILIT				
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Part I.  28d. DE  20f. LOC  City  to the cap  time, date	24a. WAS AN PERFO!  1 YES 2  ATION (Street or Town, State)	I AUTOPSY RMED? 2 NO INJURY OC	24  CCURED or or Rural ated.	Approximate Interval Baty Onset and D Interval Baty Onset and D Interval Baty Onset and D Interval Baty Onset and D Interval Baty Onset and D Interval Baty Onset and D Interval Baty Onset and D Interval Baty Onset and D

BALTIMORE TO BAYLAND 21203-3146	in 24 hours after death. Page 6 may be retayed by the hospital or attending physi	sly filled in by the funeral director, payers should be detached for use as the burial ration, or removal.	, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nous after death. Page a gay be retailed by the hospital or attending physici	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fugeral director, payers should be detached for use as the burial-be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MARYLA		CATE OF		IENTAL HYGIENE REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last) A LONZO		torn-	- / /		2. DATE OF DEATH MONTH DAY		3. TIME OF DEATH P
	4. SOCIAL SECURITY NUMBER 215-13-5848  90. FACILITY NAME (If not institution, give s	1 □ kM 2 □ F 33	n yrs. last birthday) YRS.	MONTHS DAYS	F UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 10/25/56	Co	RTHPLACE (State or Foreign unity) IRGINIA
TOR	HOMEWOOD HOSPITA		outh	_		City		
DIRECTOR	MD . 10b. COUNT	Υ		TIMORE (				10d. INSIDE CITY LIMITS? 1 YES 2 NO
RAL	100. STREET AND NUMBER 700 EAST 36th ST.			101	, ZIP CODE		10g. CITIZEN C	F WHAT COUNTRY?
BY FUNERAL	11. MARITAL STATUS  1 2 Never Merried 2 Merried  3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	If yes, sp	ENDENT OF HISPANI ecity Cuben, Mexicen, 2 X NO Specify:		or No- 14. R	ACE — American Indian, lilack, White, etc.
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		18a. DECEDENT'S (Give kind of w life. Do NOT us	ork done during mo a retired.)		18b. KIND OF BUS	INESS/INDUSTR	Y
ш	17. FATHER'S NAME (First, Middle, Lest)  JAMES THORNTON		51(2)		18. MOTHER'S NAM FRANCES	NE (First, Middle, Meiden S	Surneme)	
TO B	190. INFORMANT'S NAME (Type/Print) SYLVIA JOHNSON	(sister)	19b. MAILING	ADDRESS (Street e	nd Number or Rural Ro	oute Number, City or Town	, State, Zip Code	)
	20a. METHOD OF DISPOSITION 1 General Burlet 2 Gremation 3 Rem 4 Donation 5 Other (Specify) IX	n-state remov	PLACE OF DISPOS other place) a.L	ITION (Name of cer	netery, crematory or	20c. LOC	ATION — City o	r Town, State
	21. SIGNATURE OF FUNERAL SERVICE LI	TU Palle	-25.96		ANATOMY	BOARD, BA	LTO., I	MD. 21201
CERTIFICATION	23. PART I. Entar the disease, or shock, or haart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in dasth)  Sequentielly list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in dasth) LAST	a. DUE TO (OR AS A DUE TO (OR AS A C.	consequence of			PNE		Approximate Interval Between Onset and Daath
PHYSICIAN: MEDICAL C	PART II. Other algnificant condition	na contributing to desth b	ut not reaulting l	n tha undarlyln	j cause given in F	Part I. 24e. WAS AN / PERFORI 1 YES 2	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. P	ACE OF OEATH (Che	ck only one)		
BY PHYS	1  YES 2  NO  27. MANNER OF DEATH  1  Netural 5  Pending 2  Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIM	E OF 28c. IN.	URY AT PRK?  VES 2 NO	8 ☐ Other (Specify)  28d, DESCRIBE HOW IN	JURY OCCURE	D
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, atc. (Spec	— At home, farm, (	street, factory, offic		281. LOCATION (Street e City or Town, State)	nd Number or Ru	ral Route Number,
COMPLET	onel	SICIAN: To the best of my knowl IER: On the bests of examination						se(e) and menner as stated.
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIE	mo			D 25	5886	> //	NED (Month) Day, Year)
	30. NAME AND ADDRESS OF PERSON WI  CEBALLOS, M.  31. DATE FILED (Month, Dey, Year)	D HOMI	EWOOD	120H-	MAL - a	ENTER,	Sou	T1+- 3450.
	JAN 26 1990	32. REGISTRAR'S SIGN.	Mandelle.					

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MODE,	Page 6 may b	director, pag	er must be
DAL	after death.	by the funeral	ilcal examin
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2- wours after death. Page 6 may be retained if the penetial at atte	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be disprine for this a field within 72 hours after death with the State Debt, of Heath and Mental Hydiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at one
2	e executed w	an and comp	numatic eve
.0.	h certificate b	anding physici Hygiene prio	or other tra
יכחחי	that the dear	th and Menta	any injury.
יר חבר ל	e law requires	has been sign Dept. of Hea	1 23 shows
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DIVISION OF VITAL RECORDS, F.O. BOA 13140,	ATTENDING P	CTDR: After to	28 is mari
2	DSPITAL OR /	INERAL DIRE	INT: If Item
	TO THE HO	TO THE FL	IMPORTA

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	1 - FOR STATE REGISTRAR	t, Middle, Last)	SIAIE UF I	MARYLAND /	DEPAR					MENTAL  2. DATE OF	REG. NO.			3. TIME OF DEATN
	NAPOLEON	WAR:	ING							MONTH	18	)	90	9:40 A M
	4. SOCIAL SECURITY NUM	BER	5. SEX	8. AGE (In yrs. In	st birthday)	IF UNDER	1 YEAR	IF UNDER	1 24 HRS.	7. DATE OF	BIRTN Day, Year)		8. BIRTN	IPLACE (State or Foreign
	237-58-4687		1X M 2 - F	51	YRS.					Jan.	6, 1	939		th Carolina
m l	9a. FACILITY NAME (If not in					9b. CITY		OR LOCAT		EATN			NTY OF D	
JO.	Veterans A	dmini	stration	Med. Ct	r.		Per	ry Po	oint				Cecil	
REC	10a. STATE	10b. COUNT	ſΥ		10c. CIT	Y, TOWN	OR LOCA	TION						10d. INSIDE CITY LIMITS?
D	Maryland		ford			Aberd	leen							1 WES 2 X NO
BY FUNERAL DIRECTOR	10s. STREET AND NUMBER						10	f. ZIP COD						YNAT COUNTRY?
NE	40 E. Be	1 Air	Ave.	IT EVER IN U.S. AI	PMED	12	WAS DE	210		NIC ORIGIN?	(Danatha Mar		U.S.	A
F	1 Never Married 2		FORCES? 1	YES 2 A	NO		If yes, sp		nn, Mexica	nn, Puerto Ric		OF 140-	Black	c, White, etc.
	3 Widowed 4 Divi	orced	1962-19	88			T TES	2 20 110	эрвсп	y.			B	Tack
COMPLETED	15. DEC (Specity on	CEDENT'S EDU	JCATION le completed)	(6	ECEDENT'S	work done	CCUPATI during me	ON ost of worki	ng	16b. K	IND OF BUS	SINESS/IN	DUSTRY	
J.C	Elementary/Secondary (1	0-12)	College (1-4 or 5	+)	Do NOT u	itar					. S.	0		t-
OMI	17. FATNER'S NAME (First, A	fiddle, Last)			MIL	LLai	у	18. MOT	HER'S NA	ME (First, Mic			Time	III .
BE C	Alexander	Warin	ng							line		,		
TO B	16e, INFORMANT'S NAME (			19	b. MAILIN	ADDRES	S (Street	and Numbe	r or Rural	Route Number	City or Tow	n, State, Zi	p Code)	
ř	Pauline Wa	ring (	(Mother)	1	Rt. 1	, Bo	x 45	, Mo	rver	, NC				
	20a. METHOD OF DISPOSIT 1 💢 Burlel 2 □ Crematic		noval from State	20b. PLACE other p	lece)	- MILLIA					20c, LO	CATION —	City or To	wn, State
	4 Donation 5 Other		ICENSEE	San	dy Ri	dge	Chui	ch C	emet	ery		Morv	en.	NC
	21. SIGNATURE OF FUNERO	e service C	1	-		22.				neral		.ce		
	Hai	ust .	2XX	ull	1					ch, VA				
	23. PART I. Enter the d shock, or h	liseeses, or leart failurs.	Complications the	it caused the duse on sach lin	e.	not antai	the mo	ode of dy	ing, suc	ch as cardia	c or respi	ratory ar	rest,	Approximate interval Between
	IMMEDIATE CAUSE (FI	nsl	Dlag	ding Di	atho	oi o								Onset and Dasth
	resulting in death)			eding Di										
z			a Alco	oholic L	iver	Dise	ease							
TIO	Sequentially list condit if any, leading to imme	diata	OUE TO	(OR AS A CONSE	OUENCE C	OF):							_	
S	cause. Enter UNDERLY CAUSE (Disease or Inju		G	coperito			<b>2</b> α							
CERTIFICATION	that initiated events resulting in death) LAS	т	DOE TO	(OH AS A CONSE	QUENCE (	<i>)-</i> }:								
CE			ď.											
SAL	PART II. Other significa	ent conditio	ns contributing to	death but not	resulting	in the u	nderlyin	g cause	given in		PERFOR	MED?	24b.	WERE AUTOPSY FINGINGS AVAILABLE PRIOR TO
MEDICA										'	YES 2	□ NO		OF DEATH?
Σ														YES 2 NO
AN	25. WAS CASE REFERRED	TO MEDICAL					26. P	LACE OF I	DEATH (C)	heck only one)				
SIC	EXAMINER?		HOSPITAL:	ER/Outpatient	3 🗆 DOA	OTHE 4 D Nu		ne 5 🗆 A	esidence	8 🗆 Other (	Specify)			
PHYSICIAN:	27. MANNER OF DEATN		28a. DATE Of	F INJURY Day, Year)	26b. Til	-	28c. IN	JURY AT		_	RIBE NOW I	NJURY O	CCURED	
ВУ	1 XNaturel 5 C	Pending Investigation				М	1 🗆	YES 2 [	□ NO				-	
	3 Suicide 6 4 Nomicide	Could not be determined	28a. PLACE ( building	OF INJURY - At h , etc. (Specify)	ome, ferm,	street, fec	tory, offi	De		28f. LOCAT City or	ION (Street   Town, State)	and Numbe	or Rural F	Route Number,
E													_	
COMPLETED	(Check only		BICIAN: To the best of											a) and menner as stated.
BE C	29b. SIGNATURE AND TITLE	E OF CERTIFIE	FR O	// A	10				ENSE NU			29d. DA		(Month, Day, Year)
10 B	Carmel	Ke E	Tento	~ _	10			Dc	1003	234		•	1/19	9/90
	CARMELLA GI			VA MEI			TER	PER	RY F	OTNT.	MD	2190	2	
	31. DATE FILED (Month, Day,	Year)	32. REGISTR	AR'S SIGNATURE		- Jan 1				J=111/			_	
	JAN 26 19	90 4	white twide	- Harde										
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Allegand & the Table 1996.

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within (24 mours after death. Page 6 my be Tetained by the extending physician and completely filled in by the funeral director, page 5 and do detache be filed within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

id be detached for use as the burial-transit permit. Pages 1, 2, 3 should

the hospital or attending physician. LAND 21203-3146

TO BE COMPLETED BY FUNERAL DIRECTOR

FOR

1 - STATE REGISTRAR			ERTIF	ICAT	E OF	DEA	TH .		RE	G. NO.			
1. DECEDENT'S NAME (First, Middle, Last)			191						ATE OF DE	EATH DAY		YEAR	3. TIME OF DEATH
ERN	VESTIN	E		WHA	LEY			7	ONTH	9 9		90	м
4. SOCIAL SECURITY NUMBER 5.	SEX	6. AGE (In yrs.	last birthday)			IF UNDER			ATE OF BI			8. BIRTH	IPLACE (State or Foreign
248-60-9340 1	□ M 20E30F	50	YRS.	MONTHS	DAYS	HOURS	MIN.		fonth, Day, 28/3!		- 1	Countr	" SC
9a. FACILITY NAME (If not institution, give street	and number)			9b. CIT	Y, TOWN O	R LOCATI	ON OF D	1 /		T	9c. COUN	TY OF D	EATH
3153 ELMORE AVEN	VUE			BA	LTIN	10RE	CI	TY					
RESIDENCE OF DECEDENT			_	-									
10e. STATE 10b. COUNTY			10c. CIT		DR LOCAT			. T. M	7.7				10d. INSIDE CITY LIMITS?
MD				В	ALT			TT	<u>Y</u>				CAC YES 2 NO
10e. STREET AND NUMBER					101	ZIP COD				ŀ	10g. CITIZ		VHAT COUNTRY?
3153 ELMORA AVENUE							.213			$\perp$		US	
11. MARITAL STATUS  1 Never Married 2 Married	FORCES? 1	T EVER IN U.S.	ARMED   NO	13.					HGIN? (Sporto Ricen,		or No-	14. RACE Black	E — American Indian, c, White, etc.
3 Widowed 4 Divorced	IF YES, GIVE V	WAR DR DATES	`		1 TYES	2 × NO	Specif	ly:				Speci	"Y: BLACK
15. DECEDENT'S EDUCATI	ION	16a.	DECEDENT'S	USUAL C	CCUPATIO	N .			16b. KIND	OF BUSI	NESS/INDI	USTRY	
(Specify only highest grade con	opieted) College (1-4 or 5		(Give kind of life. Do NOT u	work done	during mo	st of world	ng		100111111	0			
11th	onege (I-4 or 3	*)	000	)K					STA	TE D	INER		
17. FATHER'S NAME (First, Middle, Last)						16. MOT	HER'S NA	ME (FI	irst, Middle,				
TOM HODGES	3					ΔΝ	INIE	R	URGE	22			
19a, INFORMANT'S NAME (Type/Print)			19b. MAJLING	G ADDRES	S (Street a						State, Zip	Code)	
CHRISTINE BAKER			1921	N F	ATTE	RSON	I PAF	2 K	AVEN	IF/R	ΔΙΤΩ	MD	21213
20a, METHOD OF DISPOSITION 1	00=-112.5cm	20b. PLAC	CE OF DISPO	SITION //V	ame of cen	nefery, cray		111			ATION —		
1 L Buriel 2 Cremation 3 Removal 4 Donation 5 Other (Specify)	I from State	_ KING	MEMO	ORIAL	. PAR	K				RAN	DALL!	STOW	IN, MD
21. SIGNATURE OF FUNERAL SERVICE LICENS	SEE	•		22.	NAME AN	D ADDRE	SS OF FA	CILITY	,				
b ha a.		_ `	)									37	0.D.m.m. 4.77.m.
Nicado	W 0	nen	2										
23 DADT I Enter the diseases or com	olications the	t coursed the	death Do				-						ORTH AVE.
23. PART i. Enter the diseases, or com shock, or heert fallure. List							-						Approximate interval Between
shock, or heert failure. List IMMEDIATE CAUSE (Final	t only one cer	use on eech li	ine.	not ente	r the mo	de of dy	ring, suc	ch aa	cardiac d	r respir	atory arre		Approximate
shock, or heert failure. List IMMEDIATE CAUSE (Final	RESP	IRAT	ine. BRY	not ente	r the mo	de of dy	oring, suc	sh aa	cardiac o	r respir	atory arre	est,	Approximate interval Between Onset and Death
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	1 - STATE REGISTRAR	STATE OF MARYLA		TOF HEALTH AND	MENTAL HYGIEN	_			
	1. DECEDENT'S NAME (First, Middle, Last) William Winebre	2. DATE OF DEATH  JANTIA RV 2 <sup>04</sup>					3. TIME OF DEATH		
DIRECTOR	4. SOCIAL SECURITY NUMBER 212-28-8587	5. SEX 6. AGE (In	YRS. MONTHS	•	7. DATE OF BIRTH (Month, Day, Year) AUGUST 14	1906	BIRTHPLACE (State or Foreign Country) MARYLAND		
	99. FACILITY NAME (It not institution, give street and number) RIVERVIEW NURSING CENTRE RESIDENCE OF DECEMENT			96. CITY, TOWN OR LOCATION OF DEATH ESSEX			9c. COUNTY OF DEATH BALTIMORE		
	10e. STATE 10b. COUNT	TIMORE	PERRY				10d. INSIDE CITY LIMITS? 1  YES 2 NO		
	100. STREET AND NUMBER 4301 SILVER SPRIN		PERKI	10f. ZIP CODE			OF WHAT COUNTRY?		
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Merried 3 🔀 Widowed 4 Divorced	12. WAS DECEDENT EVER IN I FORCES? 1 YES IF YES, OIVE WAR OR DAT	2 X NO	21128  B. WAS DECENDENT OF HISP, If yes, specify Cuban, Mexic  1 YES 2 NO Specify Cuban	en, Puerto Ricen, atc.)	U.S.A.  14. RACE — American Indian, Black, White, stc.  WHOTE			
COMPLETED	15. DECEDENT'S EDI (Specify only highest grad					16b. KIND OF BUSINESS/INDUSTRY  MERCHANT			
BE	17. FATHER'S NAME (First, Middle, Last) THOMAS WINEBRENER  19a, INFORMANT'S NAME (Type/Print)	2	S KASPER	ME (First, Middle, Meiden Surname)  KASPER  Route Number, City or Town, State, Zip Code)					
2	WILLIAM V. WINEB		() 4301 SIL	VER SPRING R	OAD, PERRY	HALL,	MARYLAND 21128		
	20e. METHOD OF DISPOSITION  ** Burial 2 Cremation 3 He  4 Donation 5 Other (Specify)	PARKWOOD CEMETERY BALTIMORE, MARYLAND							
•	21. SIONATURE OF FUHERAL SERVICE L	Inis 5	2	SCHIMUNEK FU 9705 BELAIR	NERAL HOME, ROAD, BALTI	INC.	MARYLAND 21236		
BY PHYSICIAN: MEDICAL CERTIFICATION	immediate cause (Fine) disease or condition resulting in death)  Sequentially list conditions,	a. DUE TO (OR AS A C	CONSEQUENCE OF:				Approximate interval Between Onset and Daeth 4 days		
	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):								
	PART II. Other aignificant condition	ns contributing to death bu	t not resulting in the	underlying cause given i	Part I. 24a. WAS AF PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO		
	25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1								
	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY AT WORK? 28d. DESCRIBE				E HOW INJURY OCCURED			
	3 Suicide 6 Could not be 4 Homicide determined	not be ned 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)  28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)							
COMPLETED	29e. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) end manner as started.  2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(e) end menner ee started.								
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFI	romand Cernantud			29c. LICENSE NUMBER  MD-D09019  29d. DATE SIGNED (Mc				
	30. NAME AND ADDRESS OF PERSON W								
	31. DATE FILED (Month, Day 16") 199	O JULIET DELL'ALIEN	THE PROPERTY OF						

DHMH-18 Rev 1/89

FOR STATE REGISTRAR

1 -

TO BE COMPLETED BY FUNERAL DIRECTOR

tiffed at once.

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 22-fours after death. Person TO THE FUNEFAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fundable he filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removed important: If them 28 is marked, or them 23 shows any injury, or other traumatic event, the medical examined.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

Joseph	A. U	lley			MONTH	- 22-	POEAR 3	705 M
4. SOCIAL SECURITY NUMBER 220-09-6158	5. SEX 6. AGE (	O F	ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF E (Month, De		6. BIRTHPL	ACE (State or Foreign
Death Hospital RESIDENCE OF DECEMENT	land Medical	l Center "	Bal	timere	ATH	9c. CO	THY OF DEA	CNT
10e. STATE HOL 10b. COUNT	Y	10c. CITY, 1	Balti	more				Od. INSIDE CITY LIMITS?  XYES 2 NO
100. STREET AND NUMBER 2211 W. Le	rington St		101	ZIP CODE	23	10g. C	TIZEN OF WHA	S.A
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 (X) YES IF YES, GIVE WAR OR DA	2 NO	If yes, sp	endent OF HISPAN ecity Cuben, Mexica 2 NO Specify	n, Puerto Ricer		14. RACE — Black, V Specify:	- American Indian, White, etc. Black
15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)	UCATION to completed) College (1-4 or 5+)	18a, DECEDENT'S US (Give kind of wor life. Do NOT use r	k done during mo		18b. KIN	D OF BUSINESS/II	NDUSTRY D	
17. FATHER'S NAME (First, Middle, Last)	1			18. MOTHER'S NAI	ME (First, Middle	e, Maiden Surname,	iaini	114
Jean Wiley		19b. MAILING AT	DORESS (Street a	nd Number or Rural F	Poute Number, C	City or Town, State,		to, 14471223
20s METHOD OF DISPOSITION 7 Res	noval from State	other plece)	non (Name of car	Meany crematory or	Paule	HV DU	tus, M	, State
21. SIGNATURE OF FUNDIAL SERVICE L	land		May Al	ND ADDRESS OF FA	H. (	Vest 1	Tue	
23. PART Lants of Jeases, or specific or heart fellure immediate/CAOSE (Final disease or condition resulting in death)	complications that cause on e. List only one cause on e	d the death. Do not ach line.	4 1	J Can		or respiratory	arrest,	Approximate Interval Between Oneet and Daeth
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	A CONSEQUENCE OF):						
PART II. Other eignificant condition of the proof to the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the	ns contributing to death be all We Obstruc	YWL LU	NS D	g cause given in		WAS AN AUTOPS PERFORMED?  YES 2 AMO	- å	VERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATN?  YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO	HOSPITAL:	petient 3 DOA 4	OTHER:	LACE OF DEATH (Ch		Dealfy)		
27. MANNER OF DEATN  1 Natural 8 Pending Investigation	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME (	RY WO	URY AT DRK? YES 2 NO	26d. DEŞCRI	BE HOW INJURY O	OCCURED	
3 Suicide 6 Could not be 4 Nomicide determined	28e. PLACE OF INJURY building, etc. (Spe	f — At home, farm, stre city)	eet, factory, offic	:8	201. LOCATIO City or To	ON (Street and Numi own, State)	ber or Rural Rou	ite Number,
anal	SICIAN: To the best of my know IER: On the basis of exemination							and manner as stated.
296. LICENSE, NUMBER 29d. DATE SIGNED (MORPH, Day, Year) 1/23/90								
HIL. MUNCUE 60 5. Charles St. Balto M.								
JAN 26 1990 July Deviden Ronder								

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral direct be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second secon
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	1 - STATE REGISTRAR	STATE OF MA	RYLAND / DEPAR CERTIF	TMENT OF H		MENTAL HYGIEN REG. NO			
	1. DECEDENT'S NAME (First, Middle, Las Katherine J	WOOD				Z. DATE OF DEATH January 23, 1990 12:53 p			
FUNERAL DIRECTOR	4. SOCIAL SECURITY NUMBER 212-12-7276	1 🗆 M 2 💢 🛊	AGE (In yrs. lest birthday) 88 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. OATE OF BIRTH (Month, Day, Year) 9-27-190	C	HRTNPLACE (State or Foreign ountry) MARYLAND	
	90. FACILITY NAME (If not inetitution, given FRANKLIN SOUARE RESIDENCE OF DECEDENT	9b. CITY, TOWN C	TY, TOWN OR LOCATION OF DEATN 0c. COUNTY OF DE  ROSSVILLE Baltimon		more, Co.				
	10e. STATE 10b. COUR	Y, TOWN OR LOCAT			10d. INSIDE CITY LIMITS?				
	MARYLAND BALITIMORE  100. STREET AND NUMBER				DUNDALK ZIP CODE		10g. CITIZEN	1 TES 2 NO  OF WHAT COUNTRY?	
	7622 OLD BATTLE	BATTLE GROVE ROAD  12. WAS DECEDENT EVER IN U.S. ARMED				222		U.S.A.	
BY	1 Never Married 2 Married 3 XVidowed 4 Divorced	FORCES? 1 F	If yes, sp	13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Will yes, specify Cuben, Mexicen, Puerto Rican, etc.)  1  YES 2XX10 Specify:			Black, White, etc. Specify: WHITE		
COMPLETED	15. DECEDENT'S E (Specify only highest gri	ide completed)		USUAL OCCUPATION Work done during more retired.)		16b. KIND OF BU	SINESS/INDUSTI		
APLE	G.E.D.	College (1-4 or 5+) N/A	- Contract		TENOGRAP	HER BALTO	CITY H	HEALTH DEPT.	
	17. FATHER'S NAME (First, Middle, Last)				4.0	AME (First, Middle, Maiden			
BE	JOSEPH P. BARR  196. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street a		Route Number, City or Tow		0)	
5	WILLIAM J. WOOD					E ROAD BAL			
	26a. METHOD OF DISPOSITION  1 N Burlel 2 Cremation 3 Re 4 Donation 5 Other (Specify)	emoval from State	20b. PLACE OF DISPO				DAT ITEM		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY								
	DUDA-RUCK FUNERAL HOME OF DUNDALK, INC. 7922 WISE AVENUE DUNDALK, MARYLAND 21222								
CERTIFICATION	ahock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  a. Urosepsis  Due to (or as a consequence of):  Dehydration								
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST								
	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.					Pert i. 24a. WAS AN		24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO	
PHYSICIAN: MEDICAL	Coronary Artery Disease Old Cerebral Vascular Disease					1 TYES 2 XNO COMPLIANT OF DEA		COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO	
CIAN	26. WAS CASE REFERRED TO MEDICAL EXAMINER?  MOSPITAL:  28. PLACE OF DEATH (Check only one)								
IVSI	1 VES 2XXNO 1 X Inpetient 2 ER/Outpetlent 3 DOA 4 Nursing Name 5 Residence S Other (Specify)								
ВУ РН	27. MANNER OF DEATN  1 Natural 5 Pending 2 Accident Investigation  28a. DATE OF INJURY (Month, Day, Year)  28b. TIME OF INJURY WORK?  M 1 YES 2 NO  20c. INJURY AT WORK?  M 1 YES 2 NO								
TED	3 Suicide 6 Could not be determined 28s. PLACE OF INJURY — At home, farm, street, fectory, office building, etc. (Specify) 28s. LOCATION (Street and Number or Rural Route Number, City or Town, State)								
D BE COMPLETED	29a. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner as stated.  2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and manner as stated.								
BEC							GNED (Month, Day, Year)		
10	ROSE Z. Stolller - McNau NA 1-23-90  30. NAME AND ADDRESS OF PERSON WIND COMPLETED CAUSE OF DEATH (ITEM 2D (TURN Print))								
	ROSLE L. WAKER - Mc No 7000 Franklin Square Drive, Balto., Md  31. Date Files (Month, Dog Your)  32. REGISTRAR'S SIGNATURE								
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BALTIMORE, MARYLAND 21203-3146

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ica	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH MONTH 1995 MARY ANGELINE WITHEY 7. DATE OF BIRTH 2-12-1912 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR 6. BIRTHPLACE (State or Foreign IF UNDER 24 HRS. 212-26-9687 1 M 2 XF 77 Maryland YRS. 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 317 S. Robinson Street Baltimore RECTOR N/A RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10a STATE 10b COUNTY 10d. INSIDE CITY Maryland N/A Baltimore 1 X YES 2 NO Δ 10e. STREET AND NUMBER FUNERAL 101. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 317 S. Robinson Street 21224 United States 11, MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No 14. RACE — American Indian, Black, White, atc. If yes, specify Cuben, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: 2 XNO 1 Never Married 2 Married IF YES, GIVE WAR OR DATES BY 3 Widowed 4XXDivorced White ETED. 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) COMPL 6th grade Home maker Own Hame 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) John Thomas McCormick Nellie Kennel BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 317 S. Robinson Street Baltimore, Md. 21224 Mary R. Cuda 20e METHOD OF DISPOSITION
1 N Burlal 2 Cremation 3 Rel
4 Donation 5 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or 20c. LOCATION — City or Town, State Oak Lawn Cemetery 1-26-1990 Baltimore, Maryland 22. NAME AND ADDRESS OF FACILITY
Duda-Ruck Funeral Home of Dundalk, Inc. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 7922 Wise Avenue Balto., Md. 21222 23. PART I. Enter the diseases, or complications that caused the death, Do not enter the mode of dying, such as cardiac or respiratory errest, **Approximate** interval Between Onset and Death shock, or heart fellure. List only one cause on each line. **IMMEDIATE CAUSE (Final** disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): CARDITE FALLUR CONGEST TO (OH AS A CONSEQUENCE OF): CERTIFICATION Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in deeth) LAST PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? MEDICAL 1 TES 2 NO OF DEATH? 1 TYES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 TYES 2 NO 1 Inpetient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify) 28a. DATE OF INJURY (Month, Day, Year) 26c. INJURY AT WORK?
1 YES 2 NO 27. MANNER OF DEATH 28b. TIME OF 28d. DESCRIBE HOW INJURY OCCURED 1 Netural 5 Pending Investigation BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, offica building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 8 Could not be 60 4 Homicide COMPLET 29a, CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and piece, and due to the cause(a) and manner as stated. (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(e) and manner as stated. 29b. SIGNATURE (NO 29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year) BE 90 00 2

LETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE

Savidson-Randale

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## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO

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3. TIME OF DEATH

10d. INSIDE CITY

1 1 YES 2 | NO

8 BIRTHPLACE (State or Foreign

Maryland

14. RACE — American Indien, Black, White, etc.

SpecHy: White

21228

21229

24b. WERE AUTOPSY FINDINGS

AVAILABLE PRIOR TO

29d. DATE SIGNED (Month, Day, Year)

1-25-90

111 Penn Street, Baltimore, MD 21201

COMPLETION OF CAUSE OF DEATH? 1 TYES 2 XXO

Approximate

Onset and Death

9c. COUNTY OF DEATN

10g. CITIZEN OF WNAT COUNTRY? U.S.A.

8:30 AM M

2. DATE OF DEATH 1-25-90 Alexander Warren 4. SOCIAL SECURITY NUMBER 5 SEY 7. DATE OF BIRTH 6. AGE (In vrs. lest birthdev) IF UNDER 1 YEAR IF UNDER 24 HRS. (Month, Day, Year) 9/21/14 DAYS HOURS 1 X M 2 | F 75 YRS. 220-22-2099 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY TOWN OR LOCATION OF DEATH 2147 Eagle Street DIRECTOR Baltimore City RESIDENCE OF DECEDENT 10e. STATE 10h COUNTY 10c. CITY, TOWN OR LOCATION Baltimore Maryland 10e. STREET AND NUMBER FUNERAL 10f ZIP CODE 21223 2147 Eagle Street 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 10 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No If yes, specify Cuben, Maxican, Puarto Rican, etc.) 1 Never Married 2 Married IF YES, GIVE WAR OR OATES 1 TYES 2 X NO Specify: BY 3 Widowed 4 K Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. OECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INOUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) Watchmaker Self Employed 2vears 17. FATNER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Alexander Woronovich Irene Balai BE 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 10 5 Hillview Dr. Catonsville, Maryland John Warren 20a. METHOD OF OISPOSITION
1 ⊠Burlet 2 □ Cremation 3 □ Removal from State 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION - City or Town, State Trinity Russian Orthodox Cem. Elkridge, Maryland Holy Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE NAME AND ADDRESS OF FACILITY Hubbard Funeral Home, Inc. 4107 Wilkens Ave. Baltimore, Md. 22 PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one ceuse on each line. IMMEDIATE CAUSE (Finely disease or condition Arteriosclerotic cardiovascular disease recuiting in death) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING OUE TO (OR AS A CONSEQUENCE OF): CAUSE (Diseese or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in deeth) LAST PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? MEDICAL 1 TES XX NO INSPECTION PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATN (Check only one) EXAMINER? HOSPITAL: OTHER: XXX ES 2 NO etlent 2 - ER/Outpatient 3 - DOA 4 - Nursing Nome \* Residence 8 - Other (Specify) 27 MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCUREO XXX Metural 5 Pending 1 YES 2 NO BY 2 Accident
3 Suicide Investigation 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) ETED. Could not be 28 4 Nomicide datarmined Item 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and placa, and due to the cause(s) and manner as attated. COMPL DICAL EXAMINER: On the besis of examination and/or investigation, in my opinion, death occured at the time, data end place, and due to the cause(a) and manner as stated. ARDITAL OF CERTIFIER 29c. LICENSE NUMBER BE **OCME** 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) James Kaplan, MD

permit. Pages 1, 2, 3 should be retained by the hospital or attending physician. ge 5 should be detached for use as the burial-transit MORE, MARYLAND 21203-3146 use as the

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> 31. DATE FILED (Month, Day, Year) JAN 26 1990

32. REGISTRAR'S SIGNATURE Sevida Mande VC

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MARYLAND 21203-3146

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	FOR STATE REGISTRAR	STATE OF I	MARYLAND C		RTMENT (				MENTAI	HYGIEI		9	0 01/3
	1. DECEDENT'S NAME (First, Middle, Lest)  WILLIAM	WILI	IAM MUI	RRAY	WHITE				2. DATE MONTH	_	DAY	YEAR 9D	3. TIME OF OEATH
	4. SOCIAL SECURITY NUMBER 212-07-4443	5. SEX 1 1 M 2  F	6. AGE (In yrs. In 76	est birthday) YRS.	IF UNDER 1 Y		IF UNDER	24 HRS. MIN.	(Month	OF BIRTH , Day, Year) 1,19	913	Counti	PLACE (State or Foreign ry) yland
TOR	ST JOSEPH RESIDENCE OF DECEDENT		PITA	_	96. CITY, TO		S O		M	<u>a</u>		ATT	Morc
DIRECTOR	10a. STATE 10b. COUNTY Maryland Baltimore				ry, town on	LOCATIO	ON	П					10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	100. STREET AND NUMBER 14207 Quail Creek	Way, Un	it 207				ZIP CODI L152				-	S.A.	WHAT COUNTRY?
B	11. MARITAL STATUS  1 Never Merried 2 K Merried  3 Wildowed 4 Divorced  12. WAS OCCEDENT EVER IN U.S FORCES? Not yes 2 IF YES, GIVE WAR OR DATES  WW II			RMED NO	Ну	es, spec	ify Cube		n, Puerto f	? (Specify You	es or No-	Spec	E — American Indian, k, White, atc. it/:
LETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5	+)	'Give kind of No. Do NOT u		UPATION ing most	of worldi	ng	-	KIND OF B			
COMPLET	12 17. FATHER'S NAME (First, Middle, Last) James White	4	M	anage	r					Alddia, Maide	_	gs &	Loan Assoc.
TO BE	190. INFORMANT'S NAME (Type/Print) Thelma D. White		1		as #1						wn, State, Zi	p Code)	
	20s. METHOD OF DISPOSITION 1 XX Burlel 2 Gremation 3 Removal from State 4 Donation 5 Other (Specify)  20b. PLACE OF DISPOSITION (Name of cometery, crematory or other place) Garrison Forest Cemetery 1/29/90 Owings Mills, Md.												
21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY Ruck Towson Funeral Home, Inc. 1050 York Rd., Towson, Md. 22					. 21								
	23. PART I. Enter the diseases, or complications that caused the deeth. Do not anter the mode of dying, such as cardiec or respiratory arrest, ahock, or heert feliure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Due To (or As A CONSEQUENCE OF):												
CERTIFICATION	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):												
CERT	PART II. Other algorificant condition	d.	dooth but not		In the code			eline le	Deed 1		IN AUTOPSY		WERE AUTOPSY FINDINGS
MEDICAL			out in out in out	Toauting	m me unu	arrying	Couse	given in	—		PRMED?	240	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER:	26. PLA	VCE OF D	DEATH (Ch	eck only or	oe)			
6	1 VES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending	1 Inpatient 2 26e. DATE Of (Month, i		26b. TII	JURY	Bc. INJU WOR	RY AT			r (Specify) SCRIBE HOW	INJURY O	CCURED	-y
ETED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE ( building	OF INJURY — At I	home, farm,	M 1 YES 2 NO  Imm, street, fectory, office 28f.				28f. LOC City	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
COMPLE	29a. CERTIFIER (Check only one) 1 CERTIFYINO PHYS 2 MEDICAL EXAMINE												a) and menner as stated.
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIE	n r	0				29c. LIC	ENSE NUI	MBER 50		29d. DA	TE SIONES	Month, Day, Year)
	30. NAME AND ADDRESS OF PERSON WE	Joyet	h	Ho	spy	ia	1.	0sle	r Dr	, To	wson,	Md.	21204
	JAN 2 6 1990 St	Mia Savidson	AR'S SIGNATURE										

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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within urs after death. Page is marked to	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral directions in the funeral directions.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner immedia	ı
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	FOR 1 - STATE REGISTRAR	STATE OF MARYLAN	D / DEPARTM			MENTAL HYGIEN		30 0173	
	1. DECEDENT'S JAME (First, Middle, Last)	A Wate	bins			2. DATE OF DEATH MONTH	AY	YEAR 10:17 M	
	4. SOCIAL SECURITY NUMBER 239442462	239-44-2462 1 VM 2 0 F 9:22:12-717 RS. MONTHS DAYS HOURS MIN. (Marth, Day, Year) 2 (Country), Ca							
TOR	HOV CROSS HOSP RESIDENCE OF DECEDENT	STUERSPR	IEN Red "	SELVE	R SPRIA	19 Md.	no. coun	My of DEATH	
FUNERAL DIRECTOR	MARY MODERNIE	Hagnery	1 172	CKYI	IIE	-1-1		10d. INSIDE CITY LUMTS? 1 YES 2 NO	
VERAL	12616 GRACE	MAXSTra	et	10	2085	3	tog. CITJ2	SA.	
BY FUI	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced	12. WAS OFCEDENT EVER IN U. FORCES? 1 TYPES 2 IF YES, GIVE WAR OR DATE	2 NO	It yes, sp		ilC ORIOIN? (Specify Yen, Puarto Rican, atc.)	a or No—	14. RACE — American Indian, Black, Whita, atc. Specify: American Indian	
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	ATION 16 completed) College (1-4 or 5+)	(Give kind of work life. Do NOT use re	done during mo tired.)		16b. KIND OF BU	None		
COMP	17. FATNER'S NAME (First, Middle, Last) Nathaniel Watkin	ns	Onempie	yeu		ME (First, Middle, Maider Jeffries			
TO BE	19a. INFORMANT'S NAME (Type/Print) Mary Ann Wilson					Route Number, City or Too t, Rockvi		Code) Maryland 20853	
1	20s_METHOD OF DISPOSITION 1 \[ \times \text{ABurlal 2} \] \[ \text{Cremation 3} \] \[ \text{Ramo} \] 4 \[ \text{Donation 5} \] \[ \text{Other (Specify)} \]	wal from State of	ACE OF DISPOSITION PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF			7.55		City or Town, Stata	
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	4	Rober		on Funera e Road, S			
	23. PART I. Enter the disesses, or cahock of heart feiture. I IMMEDIATE CAUSE (Finel disesse or condition resulting in death)	List only one cause on each					olratory arm	eat, Approximate interval Batween	
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CO		a					
MEDICAL	PART II. Other significent condition	contributing to death but	not resulting in t	he underlyin	g cause given in		N AUTOPSY PRMED? 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATN? 1  YES 2  NO	
CIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPINAL:	Ιο	26. P	LACE OF DEATN (Ch	eck only one)			
PHYSICIAN:	1  YES 2  NO  27. MANNER OF DEATN  1 Netural 5  Pending	26a. DATE OF INJURY (Month, Day, Year)		Nursing Hor	JURY AT DRK? YES 2 NO	6 Other (Specify) 26d. DEŞCRIBE NOW	INJURY OCC	CURED	
TED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	26e. PLACE OF INJURY — building, atc. (Specify)	At home, farm, stre			261. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
COMPLETED	cond only	CIAN: To the best of my knowled R: On the basis of examination a						ed.	
BE	29b. SIGNATURE AND TITLE OF CONTINE	him	25	<	29c LICENSE NU	MBER	29d. DAT	SIGNED (Month, Day, Year)	
DT	30 MAME AND ADDRESS OF PERSON WN	Road. Silver				HOSPITAL	-		

July 32. REGISTRAR'S SIGNATURE

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mous after death. Page 6 may be detailed by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fired within 20 hours after death with the State Degr. of Health and Mental Hydiene enfort to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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تنت	FOR STATE REGISTRAR	STATE OF MA			TMENT				MENTA	AL HYGIEN REG. NO.	E	30	0173
	1. DECEDENT'S NAME (First, Middle, Last) THO	MAS		1		BRO	OWN		2. DATI	e of DEATH 16-90	Y	YEAR	3. TIME OF DEATH 12:00PM M
		5. SEX 8.	AGE (In yrs. lest	birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER HOURS	24 HRS.	(Mon	of BIRTH		Country,	MD
5	9a. FACILITY NAME (If not institution, give stre 2783 W. North Ave						n LOCATION	ON OF DE	ATH		9c. COUNT	Y OF DE	ATH
DIMECTOR	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY			10c. CIT	DAL TIMODE						10d. INSIDE CITY LIMITS?		
	10e. STREET AND NUMBER	MUE			DAL	-	ZIP COD	1216				EN OF WI	1 XXYES 2 NO
BY FUNERAL	2783 W. NORTH AVENUE  11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced  12. WAS DECEDENT EVER IN U.S. ARM FORCES? 1/2/YES 2 NO IF YES, GIVE WAR OR DATES			MED O	3	If yes, spe	ENDENT C	F HISPAN	NC ORIGI n, Puerto	IN? (Specify Yes Rican, etc.)	or No — 1		- American Indian, White, etc.
COMPLEIED	15. DECEDENT'S EDUCA (Specify only highest grade of Elementary/Secondary (0-12) 5th	OTION Ompleted) College (1-4 or 5+)	(G/	ve kind of Do NOT u	work done se retired.)			ng	16	b. KIND OF BUS	INESS/INDU	STRY	
	17. FATHER'S NAME (First, Middle, Lest) EDWARD BROWN		·····				C-50.70	HER'S NAI		Middle, Malden	Sumame)		
IO BE	19s. INFORMANT'S NAME (Type/Print)  ALVIN WHITE		1				nd Number	or Rural F	Poute Nur	mber, City or Town			206
29a, METHOD OF DISPOSITION 1   Quite   2   Cremettor   3   Removal from State   20b, PLACE OF DISPOSITION (Name of cemetery, cremetory or other piece) 20c, LOCATION — City or Town, State													
	21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE .	)	<del></del>	22.	NAME AN	ID ADDRE	SS OF FA		1101 E			
	23. PART I. Enter the diseases, or co shock, or heert failure. Li IMMEDIATE CAUSE (Finel disease or condition resulting in death)	ARTERIO	on each line	TIC (	CARDI	ths mo	de of dy	ing, suci	h as cs	rdisc or respi			Approximats interval Between Onset and Death
NOIN	Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):					OF):							
HILICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST	DUE TO (OF	AS A CONSEC	NUENCE C	F):								
MEDICAL CE	PART II. Other significant conditions	contributing to de	ath but not r	esulting	in the ur	nderlyin	cause	given in	Part I.	24e. WAS AN PERFOR 1 TYES 2	MED?		WERE AUTOPSY FINDINDS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATHY X X 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			ОТНЕ	R:		EATH (Ch					
	27. MANNER OF DEATH  1/// Netural 5 Pending	1 Inpatient 2 E	JURY	28b. TII		28c. INJ WC				her (Specify) EŞCRIBE HOW I	NJURY OCC	JRED	
IED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF it building, etc	NJURY — At ho (Specify)	me, ferm,	street, fac	tory, offic	•			CATION (Street ty or Town, State)	and Number o	or Rural R	oute Number,
COMPLE	298. CERTIFIER 1 CERTIFYING PHYSIC (Check only one) 2 X MEDICAL EXAMINER	IAN: To the best of my											and manner as stated.
2 2	296. PEMATURE AND ASTER OF CERTIFIER						OCM	ense nui [E	WBER		29d. DATE		(Month, Day, Year) -17-90
2	30. NAME AND ADDRESS OF PERSON WHO JAMES KAPLAN, MD	COMPLETED CAUSE	OF DEATH (ITE	M 27) (Typ	e, Print)	1	.11 F	enn	Str	eet,Bal	timor	e.M	0 21201 vo

111 Penn Street, Baltimore, MD 21201

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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 Noun	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the me
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	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND		TMENT OF I		D MENTA	L HYGIEN			
	1. DECEDENT'S NAME (First, Middle, Last)						E OF DEATH			3. TIME OF GEATH
	Matilda Ann Boritz	3				MON	20	and the	EAR	4:30 Pm
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs. In	est birthday)	IF UNDER 1 YEAR	IF UNDER 24 H	10.4	OF BIRTH th, Day, Year)	0.	BIRTH	PLACE (State or Foreign
	215-30-0166	1 D M 2 XF 54	YRS.	MONTHS DAYS	HOURS MI		-2-35			ryland
	9a. FACILITY NAME (If not institution, give stre	et and number)		9b. CITY, TOWN	OR LOCATION O	F OEATH		9c. COUNTY	OF DE	ATH
DIRECTOR	St. Agnes Hospital			Baltime	re Cit	у				
RE	10a. STATE 10b. COUNTY		10c. CITY	, TOWN OR LOCA	TION					10d. INSIDE CITY LIMITS?
		timore	В	altimor	Highl	ands				1 TES 2 NO
₹ I	10e. STREET AND NUMBER			10	101. ZIP CODE					HAT COUNTRY?
FUNERAL	2901 Illinois Aver	ıue			2122			U.S.	A .	
5	11. MARITAL STATUS  1 Never Married 2 X Married	12. WAS DECEDENT EVER IN U.S. A FORCES? 1 YES 2	RMEO		ENDENT OF HI			or No- 14	. RACE Black	- American Indian, White, etc.
ВУ	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATES			2 X NO S		, , , , , , , , , , , , , , , , , , , ,		Specif	
	15. DECEDENT'S EDUC	ATION 150 /	ECEDENT'S	USUAL OCCUPATI	ONI	1 40	- KIND OF BUI		Time	White
COMPLETED	(Specify only highest grade of	ompleted)	Give kind of w	vork done during m	ost of working	18	b. KIND OF BU	SINESS/INDUS	TRY	
PLE	Elementary/Secondary (0-12) 12th grade	College (1-4 or 5+)	Desa	duction		١,	) T	7 4		
MO	17. FATHER'S NAME (First, Middle, Last)		FIO	duction	16 MOTHER'S		Roper I		1	
	John Goldbeck				11110		JNKNOWN			
BE	19a. INFORMANT'S NAME (Type/Print)		96. MAILING	ADDRESS (Street					orde)	
2	Kenneth F. Boritz			Illinoi						0.07
	20a, METHOD OF DISPOSITION	20b. PLAC		STION (Name of ce				CATION — CIT		
	1- Buriel 2 Cremation 3 Removed 1 Donation 5 Other (Specify)	val from State other	place)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
	21. SIGNATURE OF FUNERAL SERVICE LICE	375 0.0	OWLIL	ge Memo	NO ADORESS O	E EACH ITY		lkridge	2, 1	עואַ
6	. 7	7 Sat	$\prec$	Hubb	ard Fur	neral	-			
N.	- 2000		1)							D 21229
	23. PART I. Enter the diseases, or conshock, or heart failure. L. IMMEDIATE CAUSE (Final disease or condition resulting in death)	lat only one cause on each life.  Metas text	c bi	reast	Cane	auch as ca	rdiac or rasp	iratory arres	t,	Approximata interval Between Onset and Daath
		DUE TO (OR AS A CONS	EQUENCE OF	F):						
NO	Sequentially list conditions, 6	DUE TO (OR AS A CONS	EQUENCE OF	D.						
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	OUE TO JOH AS A COMS	EQUENCE OF	·).						
FIC	CAUSE (Disease or injury that initiated events	OUE TO (OR AS A CONS	EQUENCE OF	F):						
E	resulting in death) LAST									
빙										
AL	PART II. Other significant conditions	contributing to death but not	reaulting	in the underlyin	g ceuse give	n in Part i.	24a. WAS AN		24b.	WERE AUTOPSY FINDINGS MARLABLE PRIOR TO
PHYSICIAN: MEDIC	- Ischemic 11	reort alsea	ISL_				1 TYES	NO		OF DEATH?
ME							1			1 TYES 2 NO
ä										
징	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL			LACE OF OEATI	H (Check only	one)			
Š		HOSPITAL: 1 Dinpetient 2 - ER/Outpetient	3 🗆 DOA	OTHER: 4 Nursing Ho	ne 5 🗆 Reside	nce 6 🗆 Ott	ner (Specify)			
H	27. MANNER OF OEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIM		JURY AT ORK?	28d. DI	EŞCRIBE HOW	INJURY OCCU	RED	
ВУ	1 Natural 5 Pending 2 Accident Investigation	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	172		YES 2 NO	0				X
	3 Suicide 6 Could not be	28e. PLACE OF INJURY — At I building, atc. (Specify)	home, farm, r	street, factory, offi	00		CATION (Street y or Town, State		Rural R	loute Number,
	4 Homicide determined									
COMPLETED	29a. CERTIFIER 1 CERTIFYING PHYSIC	IAN: To the best of my knowledge,	death occum	ed at the time, dat	and place, and	due to the c	euse(a) and ma	nner as stated		
MO	one)	: On the basis of examination and/o								and manner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER	11			29c_LICENSE	E NUMBER A		29d, DATE S	IGNED	(Month, Day, Year)
BE	last 2 4 Mms	ly MD			1219	35%	7	D 1	50	+9n
5	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH (IT	TEM 27) (Type	Print)	n h	his	RIL	t n	17	21129
	31. DATE FILED (Month, Day, Year)	A 32 BEGISTRADIO CIONATION	(1)	650	7 11	per.	MI	0.11	1	21-1
	IAN 2 9 1990	32. REGISTHAR'S SIGNATURE								

OHMH-16 Rev 1/89

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR O RICHARD NEL 4. SOCIAL SECURITY NUMBER S. SEX 6. AGE (In vrs. lest birthday 8. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year, 09-332 32-MONTHS DAYS HOURS MIN. CONNECTICUT 1 M 2 F 9a. FACILITY NAME (If not institution, give street and number) 9h CITY TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH HOSPITAL TALLSTON GENERAL HARFORD FALLSTON RECTOR RESIDENCE OF DECEDENT 10a. STATE 10e. CITY, TOWN OR LOCATION 10d, INSIDE CITY HARFORD JOPPA 1 YES 2 NO 10e. STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 102 21085 CUTA FUNER nours after death. Page 6 may be retained by the hospital or attending physical 12. WAS DECEDENT EYER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, Whita, etc. buries If yes, specify Coban, Mexican, Puarto R

1 YES 2 NO Specify: 21203-3146 1 Never Married 2 Married BY 3 Widowed 4 Divorced the ILWW WHITE ED be detached for use as 15. DECEDENT'S EDUCATION 16a, DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comp (Give kind of work done life, Do NOT use retired.) COMPLET Flementary/Secondary (0-12) College (1-4 or 5+) 12 ESMAN MARYLAND 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) ILLIAN 14502 76 HARLES BARTLETT BE page 5 should notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Stre 2 LEANDR 21085 must be BALTIMORE, 20a. METHOD OF PISPOSITION
1 Burial 2 Cremation PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION funeral director, TRO REMATORY SALTIMORE 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSES the medical examiner 22. NAME AND ADDRESS OF FACILITY CURCH/ROJEDALE F. H., INC. CHEJACO AVE. 21237 completely filled in by the 23. PART I. Enter the diseases, pr complications that caused the deeth. Dp npt anter the mode pf dying, such as abock, or heart failure. List only one cause on each line. Approximate Interval Batween cremation, or IMMEDIATE CAUSE (Finel **Onaet and Death** diseese or condition executed within regulting in deeth) traumatic event, BOX 13146, SEQUENCE OF: Hygiene prior to burial, CERTIFICATION and Sequentially list conditions, A CONSEQUENCE OF): If any, leading to immediate attending physician PHYSICIAN: The law requires that the death certificate be cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events or other DUE TO (OR AS A CONSEQUENCE OF): P.0. resulting in death) LAST certificate has been signed by the atter the State Dept. of Health and Mental Item 23 shows any injury, OF VITAL RECORDS, PART II. Other algolificant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPEY 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? PERFOR 1 YES 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER?

1 YES 2 26. PLACE OF OEATH (Check only one) OTHER: Inpetient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify) 6 MANNER OF DEATH 284, DATE OF INJURY 28c, INJURY AT WORK? 284. DESCRIBE HOW BLAZEY OCCURED with & 28 is marked, 1 YES 2 NO BY After death DIVISION Appliden HOSPITAL OR ATTENDING 29s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Socialy) 3 🗍 Buicide 281. LOCATION (Street and Number or Rural Route Number City or Team, State) 6 Could not be DIRECTOR: / COMPLETED 4 [ Homicide FUNERAL DIRECT within 72 hours a If Item CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and mar TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: II n, in my opinion, death occured at the time, date and place, and due to the 296 SIGNATURE AND 25c. LICENSE NUMBER BE MI 6 9 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF PEATH (ITEM 27 17/00, PI

32. REGISTRAR'S SIGNATURE

31. DATE FILED (Month, Day, Year)

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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	SIA	mili	he	
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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within jurs after death. Page 6 may be retained by	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	
	H	2	2	

	JOSEPHINE	RYNI	JM	MONTH DAY	9 YEAR 7. OOPM			
1 8	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE $227 - 32 - 1051$ $1 \square$ M $2 \square$ F	(In yrs. last birthday) IF UNDER YRS. MONTHS	1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8. BIRTHPLACE (State or Foreign Country)			
	9a_FACILITY NAME (If not institution, give street and number)		TOWN OR LOCATION OF DE	ATH 9c	COUNTY OF DEATH			
OR	BONDECOUR	BA	Homore		nd			
DIRECTOR	PRESIDENCE OF DECEDENT  10a, STATE  10b, COUNTY	10c. CITY, TOWN O	Ŗ LOCATION		10d. INSIDE CITY			
	md. N/A	Balt	timore		LIMITS?			
3AL	109. STREET AND NUMBER		101. ZIP CODE	101	. CITIZEN OF WHAT COUNTRY?			
FUNERAL	1827 trelend Ave.		9193	3	USA			
BY FU	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced  12. WAS DECEDENT EVER FORCES? 1 YES	XXXVO II	yes, specify Cuban, Maxican YES X YOO Specify	IC DRIGIN? (Specify Yes or N n, Puarto Rican, etc.)	Id.— 14. RACE — American Indian, Black, White, etc.  Specify: BLACK			
	15. DECEDENT'S EDUCATION	16a. DECEDENT'S USUAL OC	CUPATION	16b. KIND OF BUSINES				
	(Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5 +)	(Give kind of work done of life. Do NOT use retired.)	luring most of working					
BÉ COMPLETED		HOUSEWIFE						
ဗ	17. FATHER'S NAME (First, Middle, Leat)			ME (First, Middle, Maiden Sumi	eme)			
ALCOHOL: U	CLABORN PARKER  196, INFORMANT'S NAME (Type/Print)	19b, MAILING ADDRESS		ELLE ASKEW  Noute Number, City or Town, Sti	ate 7in Code)			
2	HERSEY BYNUM		EDERICK AVEN		115, 249 00009			
		bb. PLACE OF DISPOSITION (Nar other place)	me of cemetery, cremetory or		ON City or Town, State			
	4 Donation 5 Other (Specify)	VESTERN STAR			ORE, MARYLAND			
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	22.1	NAME AND ADDRESS OF FAC	CILITY				
	23. PART I. Enter the diseases, or complications that cause	Pones B	rown-Thomp	5m t. 4.	PO. BX4433			
CERTIFICATION	Sequentisity list conditions, if any, laeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):							
A	PART II. Other algnificent conditions contributing to death but not resulting in the underlying cause given in Part i.  24a. WAS AN AUTOPSY PERFORMED? 1 VES 2 NO 24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?							
				_	1 TYES 2 NO			
170	25. WAS CASE REFERRED TO MEDICAL		26. PLACE OF DEATH (Ch	ack only one)				
PHYSICIAN	EXAMINER?  1 YES 2 NO 1 Impatient 2 ER/Ou	tpatient 3 DOA 4 Nurs						
энүѕ	27. MANNER OF DEATH 28a. DATE OF INJURY	26b. TIME DF	28c. INJURY AT WORK?	26d. DESCRIBE HOW INJUR	AY OCCURED			
ВУ РН	1 Natural 5 Pending 2 Accident Investigation	М	1 TYES 2 NO	140				
TED	3 Suicide a Could not be 4 Homicide determined	<pre>iY — At home, farm, street, facts ecify)</pre>	ory, offica	28f. LOCATION (Street and h City or Town, State)	Number of Rural Route Number,			
STATE OF THE CONTROLL STANDARD OF THE CONTROLL STANDARD OF THE CONTROLL STANDARD OF THE CONTROLL STANDARD OF THE CONTROLL STANDARD OF THE CONTROLL STANDARD OF THE CONTROLL STANDARD OF THE CONTROLL STANDARD OF THE CONTROLL STANDARD OF THE CONTROLL STANDARD OF THE CONTROLL STANDARD OF THE CONTROLL STANDARD OF THE CONTROLL STANDARD OF THE CONTROLL STANDARD OF THE CONTROLL STANDARD OF THE CONTROLL STANDARD OF THE CONTROLL STANDARD OF THE CONTROLL STANDARD OF THE CONTROLL STANDARD OF THE CONTROLL STANDARD OF THE CONTROLL STANDARD OF THE CONTROLL STANDARD OF THE CONTROLL STANDARD OF THE CONTROLL STANDARD OF THE CONTROLL STANDARD OF THE CONTROLL STANDARD OF THE CONTROLL STANDARD OF THE CONTROLL STANDARD OF THE CONTROLL STANDARD OF THE CONTROLL STANDARD OF THE CONTROLL STANDARD OF THE CONTROLL STANDARD OF THE CONTROLL STANDARD OF THE CONTROLL STANDARD OF THE CONTROLL STANDARD OF THE CONTROLL STANDARD OF THE CONTROLL STANDARD OF THE CONTROLL STANDARD OF THE CONTROLL STANDARD OF THE CONTROLL STANDARD OF THE CONTROLL STANDARD OF THE CONTROLL STANDARD OF THE CONTROLL STANDARD OF THE CONTROLL STANDARD OF THE CONTROLL STANDARD OF THE CONTROLL STANDARD OF THE CONTROLL STANDARD OF THE CONTROLL STANDARD OF THE CONTROLL STANDARD OF THE CONTROLL STANDARD OF THE CONTROLL STANDARD OF THE CONTROLL STANDARD OF THE CONTROLL STANDARD OF THE CONTROLL STANDARD OF THE CONTROLL STANDARD OF THE CONTROLL STANDARD OF THE CONTROLL STANDARD OF THE CONTROLL STANDARD OF THE CONTROLL STANDARD OF THE CONTROLL STANDARD OF THE CONTROLL STANDARD OF THE CONTROLL STANDARD OF THE CONTROLL STANDARD OF THE CONTROLL STANDARD OF THE CONTROLL STANDARD OF THE CONTROLL STANDARD OF THE CONTROLL STANDARD OF THE CONTROLL STANDARD OF THE CONTROLL STANDARD OF THE CONTROLL STANDARD OF THE CONTROLL STANDARD OF THE CONTROLL STANDARD OF THE CONTROLL STANDARD OF THE CONTROLL STANDARD OF THE CONTROLL STANDARD OF THE CONTROLL STANDARD OF THE CONTROLL STANDARD OF THE CONTROLL STANDARD OF THE CONTROLL STANDARD OF THE CONTROLL STANDARD OF THE CONTROLL STANDARD OF THE CONTROLL								
BE	296. SIGNATURE OF THE CO CERTIFIER	MD	29ca LICENSE NUM	ABER 29	d. DATE SIGNED (Month, Gey, Mear)			
10	30. NAME AND ADDRESS OF PERSON WIND COMPLETED CAUSE OF D	TH (ITEM 27) (Type, Print)	940 W.E	BALTIMOR	FLET BALT MA			
	31. DATE FILED (MONTH, Day, Year) 1990 32 AGGIST AN 2 9 1990	U Handall	170 00,0		2/2			

E, MARYLAND 21203-3146

	2
1	must
)	tem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be
tours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	redical
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCIENE
	1 - STATE REGISTRAR CERTIFICATE OF DEATH REG. NO.
	1. DECEDENT'S NAME (First, Middle, Last) HENRY C. CARMIK (COMMILE)  2. DATE OF DEATH MONTH DAY PEAR 1236M M
	4. SOCIAL SECURITY NUMBER  5. SEX  6. AGE (In yrg. last birthday)  7. DATE OF BIRTH  (Month, Dr., Ney)  8. BIRTHPLACE (Staffs or Foreign  Country)  MO  8. BIRTHPLACE (Staffs or Foreign  Country)  MO  MO  1. MO  1. MO  1. MO  1. MO  1. MO  1. MO  1. MO  1. MO  1. MO  1. MO  1. MO  1. MO  1. MO  1. MO  1. MO  1. MO  1. MO  1. MO  1. MO  1. MO  1. MO  1. MO  1. MO  1. MO  1. MO  1. MO  1. MO  1. MO  1. MO  1. MO  1. MO  1. MO  1. MO  1. MO  1. MO  1. MO  1. MO  1. MO  1. MO  1. MO  1. MO  1. MO  1. MO  1. MO  1. MO  1. MO  1. MO  1. MO  1. MO  1. MO  1. MO  1. MO  1. MO  1. MO  1. MO  1. MO  1. MO  1. MO  1. MO  1. MO  1. MO  1. MO  1. MO  1. MO  1. MO  1. MO  1. MO  1. MO  1. MO  1. MO  1. MO  1. MO  1. MO  1. MO  1. MO  1. MO  1. MO  1. MO  1. MO  1. MO  1. MO  1. MO  1. MO  1. MO  1. MO  1. MO  1. MO  1. MO  1. MO  1. MO  1. MO  1. MO  1. MO  1. MO  1. MO  1. MO  1. MO  1. MO  1. MO  1. MO  1. MO  1. MO  1. MO  1. MO  1. MO  1. MO  1. MO  1. MO  1. MO  1. MO  1. MO  1. MO  1. MO  1. MO  1. MO  1. MO  1. MO  1. MO  1. MO  1. MO  1. MO  1. MO  1. MO  1. MO  1. MO  1. MO  1. MO  1. MO  1. MO  1. MO  1. MO  1. MO  1. MO  1. MO  1. MO  1. MO  1. MO  1. MO  1. MO  1. MO  1. MO  1. MO  1. MO  1. MO  1. MO  1. MO  1. MO  1. MO  1. MO  1. MO  1. MO  1. MO  1. MO  1. MO  1. MO  1. MO  1. MO  1. MO  1. MO  1. MO  1. MO  1. MO  1. MO  1. MO  1. MO  1. MO  1. MO  1. MO  1. MO  1. MO  1. MO  1. MO  1. MO  1. MO  1. MO  1. MO  1. MO  1. MO  1. MO  1. MO  1. MO  1. MO  1. MO  1. MO  1. MO  1. MO  1. MO  1. MO  1. MO  1. MO  1. MO  1. MO  1. MO  1. MO  1. MO  1. MO  1. MO  1. MO  1. MO  1. MO  1. MO  1. MO  1. MO  1. MO  1. MO  1. MO  1. MO  1. MO  1. MO  1. MO  1. MO  1. MO  1. MO  1. MO  1. MO  1. MO  1. MO  1. MO  1. MO  1. MO  1. MO  1. MO  1. MO  1. MO  1. MO  1. MO  1. MO  1. MO  1. MO  1. MO  1. MO  1. MO  1. MO  1. MO  1. MO  1. MO  1. MO  1. MO  1. MO  1. MO  1. MO  1. MO  1. MO  1. MO  1. MO  1. MO  1. MO  1. MO  1. MO  1. MO  1. MO  1. MO  1. MO  1. MO  1. MO  1. MO  1. MO  1. MO  1. MO  1. MO  1. MO  1. MO  1. MO  1
LOR	98. FACILITY NAME (IN not institution, give street and number)  UNIVERSITY OF MO HOSPITA!  BAITIMORE  RESIDENCE OF DECEMENT
DIRECTOR	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS?  1 N TES 2 NO
FUNERAL	100. STREET AND NUMBER  101. ZIP CODE  102. CITIZEN OF WHAT COUNTRY?  103. CITIZEN OF WHAT COUNTRY?  104. ZIP CODE  105. ZIP CODE  106. CITIZEN OF WHAT COUNTRY?  107. ZIP CODE
BY FUNE	11. MARITAL STATUS 1 Never Married 2 Married 3 Merried 3 Wildowed 4 Divorced 12. Was DECEDENT EVER IN U.S. ARMED II. Was DECEDENT OF HISPANIC ORIGIN? (Specify Yea or No-Porces? 1 Ves 2 NO II. Was DECEDENT OF HISPANIC ORIGIN? (Specify Yea or No-Porces? 1 Ves 2 NO Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: S
	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life, Do NOT use refired.)  16b. KINO OF BUSINESS/INDUSTRY
COMPLETED	NA College (1-4 or 5+) RST OFFICE NA
BE COI	17. FATHER'S NAME (First, Middle, Melden Surneme)  UN KNOWN  18. MOTHER'S NAME (First, Middle, Melden Surneme)
TO B	190, INFORMANT'S NAME (Type/Print) 1910. MAILING ADDRESS (Street and Number or Rural Rouse Number, City or Town, State, Zip Code) 1921 DIVISION 5To /BA/H, MORE MO 21217
	20a, AETHOO OF OISPOSITION 1 V Burlei 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) 20b. PLACE OF OISPOSITION (Name of cemetery, crematory or Active place) 4 Donation 5 Other (Specify)
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY FUNERAL HOME  Who Co March Funeral Home
	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mods of dying, such as cardiac or respiratory arrest,  Approximate
	shock, or heart fellure. List only one ceuse on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Due To (or As A sonsequence or):
NO	Sequentially list conditions, a Myocardial hypokinesis 2 yrs
CAT	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury
CERTIFICATION	that initisted events resulting in death) LAST  OUE TO (OR AS A CONSEQUENCE OF):  d
	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a, WAS AN AUTOPSY PROPRIED?  ANALABLE PRIOR TO
PHYSICIAN: MEDICAL	Maintritich Anemia Dementia 1 YES 20 NO COMPLETION OF CAUSE OF DEATH?
IAN:	25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)
YSIC	EXAMINER?  1 YES 2 NO  HOSPITAL:  1 Normalism 2 ER/Outpetient 3 DOA 4 Nursing Home 6 Residence 8 Other (Specify)
ВУ РН	27. MANNER OF DEATH  28a. DATE OF INJURY (Month, Dey, Year)  28b. TIME OF INJURY WORK?  1 VES 2 NO  26d. DESCRIBE HOW INJURY OCCURED  1 VES 2 NO
	3 Suicide 6 Could not be building, atc. (Specify)  28s. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify)  28s. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)
COMPLETED	29a. CERTIFIER (Check only one)  29a. CERTIFIER (Check only one)  2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.
BE C	296 SIGNATURE AND TITLE OF CENTIFIER 29d. DATE SIGNED (MgHt), Day, Your)
5	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF OEATH (ITEM 27) (Type, Print)
	Robert S. Gegluin, Do 225 Greene St. Daltimore 31. Date FILED (Month, Day, May) 132. REGISTRA'S SIGNATURE
	, JAN 29 1990 Julian Marie
	DHMH-16 Rev 1/8

ID 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146, HOSPITAL OR ATTENDING

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. OECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF CEATH MARGARET STEWART CRONIN 1 90 2:45P 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS 7. DATE OF BIRTH (Month, Day, Year) 8. BIRTHPLACE (State or Foreign DAYS HOURS 1 M 2X F 84 YRS. 213-10-7273 6/27/05 MARYLAND 9a. FACILITY NAME (If not institution, give atreet and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 6823-B Blenheim Road 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MD. 1 YES 2 NO 10e, STREET AND NUMBER FUNERAL 10f. ZIP CODE 10a, CITIZEN OF WHAT COUNTRY? 6823-B Blenheim Road 21212 12. WAS OECEDENT EVER IN U.S. ARMEO FORCES? 1 ☐ YES 2 ₹ NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married 1 TES 2 NO Specify: Specify: BY 3 2 Widowed 4 Divorced WHITE COMPLETED 16a. OECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b, KIND OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-12) College (1-4 or 5 +) notified at once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Sumame) GARDNER AMOS WICKS BE HENRIETTA STEWART 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 4015 Bedford Rd., Baltimore, Md. NANNIE C. LAWLER (cousin) 21207 pe 20a. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cometery, crematory or 20c. LOCATION — City or Town, Siete must Buriel 2 Cremation 3 Removal from State 1 Buriel 2 Cremation 3 7 4 Donation 5 Other (Specify) examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 100 STATE ANATOMY BOARD, BALTO., MD. 21201 0 medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, **Approximate** shock, or heart failure. List only one cause on each line. Interval Batwean **Onset and Death** IMMEDIATE CAUSE (Final traumatic event, the disease or condition mot resulting in deeth) (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury other OUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 0 PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO shows any COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO 1 YES 2 NO PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) Hem EXAMINER? HOSPITAL:
1 | Inpetient 2 | ER/Outpetient 3 | DOA OTHER: 1 YES 2 NO 4 ☐ Nursing Home 5 ☐ Residence 5 ☐ Other (Specify) 6 27. MANNER OF OEATH 28a. DATE OF INJURY (Month, Day, Year) 26c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED is marked, 1 Natural DIRECTOR: After the hours after death willem 28 is mark 1 YES 2 NO BY 2 Accident 28s. PLACE OF INJURY — Al home, farm, street, factory, office building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Yown, State) 3 Suicide 6 Could not be COMPLETED 4 Homicide TO THE HOSPITAL OR AT TO THE FUNERAL DIRECT be filed within 72 hours a IMPORTANT: If item 2 29s. CERTIFIER

(Chank ank)

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and piece, and due to the cause(e) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTORIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, BE 221 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typy: Print) 50 DNA

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	E HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a nours a	E FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by	d within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or rem	
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	(1)				2. DATE OF DEATH MONTH	DAY	YEAR 3.	TIME OF DEATH
Kaliope	CALAND				January	23.1	990	9:57 p
4. SOCIAL SECURITY NUMBER 264 781311	5. SEX 6. /	AGE (In yrs. last birthday) YRS.	MONTHS I	YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		Country)	ACE (State or Foreign
SA. FACILITY NAME (II not institution, give FRANKLIN SQUAL	1.1		0	OSSVILLE		9c. COUN	timo	
100. STATE 10b. COU	LTIMORE	10c. Ci1	Y, TOWN OR	LOCATION SEDALE				d. INSIDE CITY LIMITS?
10e. STREET AND NUMBER	GE Ro.		111	101. ZIP CODE		10g. CITIZ		T COUNTRY?
11. MARITAL STATUS  1 Never Married 2 Merried  3 Widowed 4 Divorced	12. WAS DECEDENT EV FORCES? 1   IF YES, GIVE WAR (	YES 2 NO	86.5	AS OECENDENT OF HISPA yes, specify Cuben, Mexic YES 2 NO Speci	in, Puerto Ricen, atc.)	es or No—	14. RACE	American Indian, thite, atc.
15. DECEDENT'S E (Specify only highest gri Elementary/Secondary (0-12)	OUCATION ade completed) College (1-4 or 6+)	1 1	work done du se retired.)	CUPATION ring most of working	16b. KIND OF B	USINESS/INOL		
17. FATHER'S NAME (First, Middle, Lest)		7,0			ME (First, Middle, Malde	n Surneme)		
	endoulors			GIASE		LVaris		
	mato	8602	Deleo			mn, State, Zip		7
20s METHOD OF DISPOSITION 1 Suriel 2 Cremation 3 Re 4 Donation 6 Other (Specify)	ernoval from State	Cycabia	0	Promotory, cromatory or ETERY	1 -	RPON S		and the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of th
21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	D:		AME AND ADDRESS OF E	DALE FUNI	SRAL HI	mE,	
Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	Bilate:	AS A CONSEQUENCE C	orova	scular ac	ccidents			
PART II. Other significant condit					Part i. 24a. WAS / PERFI	AN AUTOPSY ORMED? 2 PMO	CC	ERE AUTOPSY FINOING MILABLE PRIOR TO DMPLETION OF CAUSE F DEATH?  YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL:	/Outpetient 3 DOA	OTHER:	26. PLACE OF DEATH (C				
27. MANNER OF OEATH  1 Naturel 5 Pending Investigation	26s. DATE OF INJ (Month, Day, )			BC. INJURY AT WORK?  1 YES 2 NO	28d. DESCRIBE HOV	V INJURY OCC	URED	
2 Accident Investigation 3 Suicide 6 Could not independent investigation of investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation investigat	28e. PLACE OF IN	JURY — At home, farm, (Specify)	street, factor	y, offica	281. LOCATION (Stree City or Town, Ste		or Rural Rou	te Number,
	YSICIAN: To the best of my			ne, date end place, end du				
One) 2 MEDICAL EXAM	INER: On the basis of exami	nation and/or investigati	on, in my opi			_		
(Check only 1 CENTIFYING PHONE) 2 MEDICAL EXAM  29b. SIGNATORE AND TITLE OF CERTIF	INER: On the basis of exami			29c. LICENSE NU	MBER	29d. DATE	10/10 (u	190

utal ir attending physician. d for upe as the burial-transit permit. Pages 1, 2, 3 should

ID 21203-3146

	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by en	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be again		IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	l
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	5	filled	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	he	I
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	1 - FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM CERTIFIC	IENT OF HEALTH A	ND MENTA	AL HYGIENE REG. NO.		90 01740
	1. DECEDENT'S NAME (First, Middle, Last)		eden		2. DAT	E OF DEATH	- Qo'E	3. TIME OF GEATH
	4. SOCIAL SECURITY NUMBER 215 - 14 - 5070	5. SEX 6. AGE (II		UNDER 1 YEAR OF UNDER 24	MIN. 7. DAT	e of Birth oth, Day, Year) -25-18		puntry) H A
TOR	Per FACILITY NAME (If not institution, give	w = / ==	96.	BATING RE			9c. COUNTY (	OF OEATN
DIRECTOR	10e. STATE 10b. COUNT	ry		timore				10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	100. STREET AND NUMBER	oc Stree		10f. ZIP CODE	1217		10g. CITIZEN	OF WHAT COUNTRY?
ВУ	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 NO	13. WAS DECENDENT OF If yes, specify Cuben, 1  YES 2 NO			1	AACE — American Indian, Black, White, atc. Specify: BLACC
COMPLETED	15. DECEOENT'S EOI (Specify only highest grad		16e. DECEDENT'S USU (Give kind of work life. Do NOT use rel	done during most of working tired.)	16	Bb. KIND OF BUSI	NESS/INDUST	
CON	17. FATHER'S NAME (First, Middle, Last)					, Middle, Maiden Si	umeme)	
品	190. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	DRESS (Street and Number of	A P U I P		State, Zip Code	ey
5	JOUCE Sh	pley	1641	Mon roe  ON (Name of cometery, crayme	st	Balt	ATION - City	21217
1	1 N Buriet 2 Cremation 3 Rar 4 Donation 6 Other (Specify)	noval from State	other piece)	tern Sta	y Cer	1 Car	DISU	
	21. SIGNATURE OF FUNEBAL BERTYICE D	Want-		22. NAME AND ADDRESS	5.#	abas 6	+ Acx	2
		complications that caused. List only one cause on ea	the death. Do not each line.	enter the mode of dyin	g, such aa ca	rdiac or respire	atory arrest,	Approximata Interval Between
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	oue to (OR AS A	ite sque	3 mons Cel	e Cai	Cinoma	9	Onset and Death
NOI	Sequentially list conditions,	b	CONSEQUENCE OF):	0	ropha	ryna	D	
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	cDUE TO (OR AS A	CONSEQUENCE OF):			~		
ERI	resulting in deeth) LAST	d						
CAL	PART II. Other algorificant condition		ut not resulting in ti	he underlying cause gi	ven in Part I.	24s. WAS AN A PERFORM 1 TYES 2	IED?	24b. WERE AUTOPSY FINOINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO
AN:	25. WAS CASE REFERRED TO MEDICAL							
SICI	EXAMINER?	HOSPITAL:		26. PLACE OF OE THER: Nursing Nome 5 Res				
BY PHYSICIAN: MEDI	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	26e. DATE OF INJURY (Month, Day, Year)	26b. TIME OF	F 28c, INJURY AT	25d. D	ESCRIBE NOW IN	JURY OCCURE	0
	3 Suicide 6 Could not be 4 Nomicide determined	25e. PLACE OF INJURY building, etc. (Spec	— At home, farm, stree	et, fectory, office	261. LC	OCATION (Street en ity or Town, State)	nd Number or R	ural Route Number,
COMPLETED	one) 2 MEOICAL EXAMIN	SICIAN: To the best of my knowl						use(e) end manner ee stated.
TO BE	CJyotin Parikh Mas	Accelus)	17	I	3215	8	P A S	ONED (Morith, Day, Year)
F	30. NAME AND ADDRESS OF PERSON W	I street	Smite 4	- 0 00	note	MD :	21201	
	JAN 29 1990	Julia Davidson-A		•			•	

OF = 1

	1 - FOR STATE REGISTRAR	STATE OF MAR		RTMENT OF		MENTAL HYGIENI REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Last) Herman M. Dietz					2. DATE OF DEATH MONTH DA		3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER . 705-05-0167  9a. FACILITY NAME (If not institution, give a	1 M 2 G F	NGE (In yrs. last birthday) 83 YRS.	MONTHS DAYS	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 9-26-06 EATH	C	Maryland  OF DEATH	
TOR	St. Agnes Hospit	al		Baltimore City					
FUNERAL DIRECTOR	Maryland 106. COUNT	ſ	200.00	ry, rown on Loc Baltimor				10d. INSIDE CITY LIMITS?  1 X YES 2 NO	
BAL	100. STREET AND NUMBER 4906 Cedar Garde	n Road		1	101. ZIP CODE 21229		U.S.	OF WHAT COUNTRY?	
ВУ	11. MARITAL STATUS 1 Never Married 2 🔀 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVEN FORCES? 1 V V V V V V V V V V V V V V V V V V	YES 2 NO	If yes,		NIC ORIGIN? (Specify Yea in, Puerto Ricen, etc.)	or No- 14. F	RACE — American Indian, Black, White, atc. Specify: White	
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION	16a. DECEDENT'S (Give kind of life. Do NOT (	S USUAL OCCUPA work done during in use retired.)		B&O Rai			
BE COM	17. FATHER'S NAME (First, Middle, Lest) Frederick Dietz  19a. INFORMANT'S NAME (Type/Print)				Maria	ME (First, Middle, Maiden Zimmerman	Surname)		
2	Catherine Dietz					Route Number, City or Town  Baltimo			
	20a. METHOD OF DISPOSITION  1 Buriel 2 Cremetion 3 Rem 4 Donation 5 Other (Specify)	oval from State	other place) Oak Lawn	OSITION (Name of o	cemetery, crematory or	20c. LO	CATION — City of	or Town, State	
	21. SIGNATURE OF FUNERAL SERVICE-LES	Ensee		Hubb			inc.		
CERTIFICATION	23. PART I. Enter the diseases, or ehock, or heart feliure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a	on each line.	arter		ary evascule		Interval Between Onset and Daeth	
PHYSICIAN: MEDICAL C	PART II. Other algorificant condition  Annua  Phlumos	Ren	eth but not resulting		ing ceuse given in	Part I. 24a. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO	
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 ☐ YES 2 ☑ NO	HOSPITAL:	/Outpatient 3 □ DOA	OTHER:	PLACE OF OEATH (Ch				
BY	27. MANNER OF DEATH  1 Netural 5 Pending Investigation 3 Suicide 5 Could not be	28a. DATE OF INJU (Month, Day, W	JURY At home, form,	M 1	NJURY AT WORK? YES 2 NO	26d. DESCRIBE HOW II	and Number or R		
COMPLETED	4 Homicide determined  29a. CERTIFIER (Check only 1 CERTIFYING PHYS	iCIAN: To the best of my i	knowledge, death occur				nner as stated.		
TO BE CO	and ature and title of certifie	Care	1/		29c. LICENSE NUI		29d. DATE SIG	use(s) and manner as stated.  NED (Month, Day, Ver)	
*	31. DATE FILED (Month, Day, Year)	- Carey  32. REGISTRAR'S	F DEATH (ITEM 27) (Typ.	it ag.	nes Hos	50 900	Caton	Are my ng	
	JAN 29 1990 g	und wardson-1	Jana				-	DHMH-18 Rev 1/89	

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NG.	CTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral diverse, may a survey to describe a street buril after health and Mental Hydiene prior to burial, cremation, or removal.	
9	H.A	
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,

BALTIMORE, MARYLAND 21203-3146

	1. OECEDENT'S NAME (First, Middle, Last	2)	CERTIFI		REG. NO		3. TIME OF DEATN
			rzewieck	i			EAR
	4. SOCIAL SECURITY NUMBER	5. SEX 5. AG	E (In yrs. last birthday)	IF UNDER 1 YEAR IF UNDER 24 HR	S. 7. DATE OF BIRTH		BIRTHPLACE (State or Foreign Country)
	22030- 7225	1 🗆 M 2 😿 F	75 YAS.	MONTHS DAYS HOURS MIN	5-23-19	74 1	Warvland
	9a. FACILITY NAME (If not institution, give	street and number)		96. CITY, TOWN OR LOCATION OF		-	Y OF DEATN
CTOR	University Of	Maryland	Hospital	Baltimore			
LLI 0	10a. STATE 10b. COUN	TY	10c. CITY	, TOWN OR LOCATION			10d. INSIDE CITY
DIR	Md.		_ P	Baltimore			1 OVES 2 NO
FUNERAL	10e. STREET AND NUMBER			10f. ZIP CODE			N OF WHAT COUNTRY?
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32. REGISTRAR'S SIGNATURE
GUA Dandon-Randalle

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31. DATE FILED (Morith, Day, Year)

JAN 29 1990

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HE FUNERAL DIRECTOR: After this certificate has been signed by the atten-	nd within 72 hours after death with the State Dept. of Health and Mental h	DRTANT: If Item 28 is marked, or Item 23 shows any injury, or
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, e.g. 5 should be detected.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examinet must be notified at once

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

REGISTRAR  1. DECEDENT'S NAME (Fin	t, Middle, Last)			CERTI						OF DEATH	v	VEAR	3. TIME OF DEATH
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4. SOCIAL SECURITY NUN		6. SEX		In yrs. last birthday	IF UNDER	DAYS	IF UNDER	24 HRS.		OF BIRTH th, Day, Year)		S. BIR'	THPLACE (State or Foreign ntry)
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9s, INFORMANT'S NAME				_		S (Street	and Numbe			nber, City or Tow			:1
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	1. DECEDENT'S NAME (First, Middle, Last)  Joseph	н.	Dav	ris	2. DATE OF DEATH BA	YEAF	3. TIME OF DEATH 9:40AM M
	4. SOCIAL SECURITY NUMBER  217-24-2906  Se. FACILITY NAME (If not institution, give street and number)	AGE (In yrs. lest birthday, 58 YRS.	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN. R LOCATION OF DEA	7. DATE OF BIRTH (Mornth, Day, Year) 1 0 - 1 2 - 3 1	8. BIT COUNTY OF	
5	3811 Flowerton Road			timore C		N/A	, DEATH
DIRECTOR	10a. STATE 10b. COUNTY	10c. C	TY, TOWN OR LOCAT				10d. INSIDE CITY LIMITS?
AL D	MARYLAND N/A  100. STREET AND NUMBER		BALTIMO	ZIP CODE		10g. CITIZEN O	EWNAT COUNTRY?
JNEH	3811 FLOWERTON ROAD  11. MARITAL STATUS  12. WAS DECEDENT. 8	EVER IN U.S. ARMED	13, WAS DEC	21229 ENDENT OF HISPANI	C ORIGIN? (Specify Yes	US A	ACE — American Indian,
BY FUNERAL	TWA Never Merried 2 Married IF YES, GIVE WAR 1952-1	NYES 2 □ NO FOR DATES	It yes, sp	city Cuben, Mexicen 2 NO Specify:	, Puerto Rican, etc.)	В	lack, White, etc. pecify: BLACK
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elamentary/Secondary (0-12)  College (1-4 or 5 +)	(Give kind o life. Do NOT	s usual occupation of work done during mouse retired.)  ORTER	N at of working	16b. KIND OF BUS	SINESS/INDUSTRY	·
	17. FATHER'S NAME (First, Middle, Last)				E (First, Middle, Maiden		
O BE	JOSEPH DAVIS  19a. INFORMANT'S NAME (Type/Print)	0.00 A 100 A 111 A		nd Number or Rural R	oute Number, City or Town	n, State, Zip Code)	· -
	VICTORIA JOHNSON  20a, METHOD OF DISPOSITION 10 Paurial 2 Cremetion 3 Cremoval from State	381			AD (21229	CATION — City or	r Town, State
	4 Donetion 5 Other (Specify)	GARRISO			AN BAI		E, MARYLAND
	21. SIGNATURE OF FUNERAL DIVICE LICENSEE	: Jane		ID ADDRESS OF FAC	SON F.H.	n o	BOV 4423
	23. PART I. Enter the diseases, or complications that of shock, or heart feliure. Liet only one cause IMMEDIATE CAUSE (Final disease or condition	caused the death. Do	not enter the mo	de of dying, such	as cardiac or raspi		Approximate interval Between Onset and Death
	resulting in death) a	R AS A CONSEQUENCE		iscurat u	15ea5e		
NICH	Sequentielly liet conditions, if any, leading to immediate cause. Enter UNDERLYING	R AS A CONSEQUENCE	OF):				
CERTIFICATION	CAUSE (Disease or Injury C.	R AS A CONSEQUENCE	OF):				
AL C	PART ii. Other algolificent conditions contributing to de			g cause given in i	Part I. 24s. WAS AN		24b. WERE AUTOPSY FINDINOS AMAILABLE PRIOR TO
PHYSICIAN: MEDIC	Prostate carcinoma and	seizure d	isorder		INQUI		COMPLETION OF CAUSE OF DEATH?
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:		26. P	ACE OF DEATH (Che	ck only one)		
HYS	X X X ES 2		4 Nursing Hon	URY AT	8 Other (Specify) 28d. DESCRIBE HOW I	NJURY OCCURED	)
BY	Month, Dey.    Accident   Pending   (Month, Dey.	INJURY — At home, farm	M t 🗆	PRK? YES 2 NO	AND LOCATION (Trans		and Davids Marshar
LED	3 Suicide 8 Could not be determined 28s. PLACE OF building, at		i, sireet, inctory, orne		28t, LOCATION (Street City or Town, State)		rai Houte Number,
COMPLETED	29a. CERTIFYINO PHYSICIAN: To the best of m						se(a) and manner as stated,
BEC	296. WHATURE AND UPER OF CERTIFIER	<u> </u>		29c. LICENSE NUM	BER		NED (Month, Day, Year)
2	30. NAME AND ADDRING OF RISON WHO COMPLETED CAUSE	OF DEATH (ITEM 27) (7)	pe, Print)	OCME		1-25	5-90
	JAMES KAPLAN, MD  31. DATE FILED (Month, Day, Year)  32. REGISTRAR	111	Penn Sta	eet,Balt	imore,MD 2	21201	VC
	JAN 29 1990 Jule Sav	s signatur dion-handall					
							DHMH-18 Rev 1/89

d

1. OECEDENT'S NAME (Fit	st, Middle, Last)								2. DATE	OF DEATH	NY .	YEAR	3. TIME OF DEATH		
Anna Eli:		Dixon					1		Jan :		199		0700 A. N		
4. SOCIAL SECURITY NUI 216-36-659		5. SEX 1 ☐ M 2 🂢 F	6. AGE (In yrs. In	YRS.	IF UNDER	DAYS	HOURS	MIN.	(Month	DE BIRTH , Day, Year) 10-04		Country	PLACE (State or Foreign ) INGTON, D.C		
9a. FACILITY NAME (# not	9a. FACILITY NAME (If not institution, give street and number)				9b. CITY	r, TOWN	OR LOCAT	ION OF DE	EATH		9c. COU	9c. COUNTY OF DEATH			
9809 BR		IGH ROAD			В	ALT	IMORI	Ē,			BAL	TIMO	RE		
10a, STATE	10b. COUNTY	Υ		10c. CIT	Y, TOWN	OR LOCA	TION						10d. INSIDE CITY LIMITS?		
MARYLAND	BALT	IMORE		E	BALTI	MORI	Ξ				TXX YES 2 \ NO				
10e. STREET AND NUMBE	R					10f. ZIP CODE						10g. CITIZEN OF WHAT COUNTRY?			
9809 BR	ANCHLEI						2120					SA			
11. MARITAL STATUS 1 Never Merried 2 Merried  XXXMIdowed 4 Divorced  12. WAS DECEDENT E FORCES? 1 I IF YES, GIVE WAR				RMED NO	13.	WAS DEC	CENDENT Secity Cub 3 2 (Claro	OF HISPAI an, Mexica Specif	NIC ORIGIN in, Puerto F y:	? (Specify Yee lican, etc.)					
	CEOENT'S EDU		10	ECEOENT'S live kind of	work done	during m	ON ost of work	ina	16b.	KINO OF BUS	BINESS/IN	DUSTRY			
Elementary/Secondary	(0-12)	College (1-4 or 5	+)	. Do NOT u											
				RETI	RED		1	117		LAUNDR		ESSEE	2		
17. FATHER'S NAME (First,										Aiddle, Maiden	Surname)				
GRAFTON  190. INFORMANT'S NAME	-		140	h MAILIN	ADDRES	9 /Street			E TH	OMAS	o State 76	o Codel			
ELLEN GO													21007		
204 METHOD OF DISPOS 1 LABuriel 2 Crema	ITION		20b. PLACE						UBA			City or Ton	ND 21207)		
1 [Ağuriel 2 Crema 4 Donation 6 Oth		novel from State	- ARBUT		EMOR	ΤΔΤ	DADK			DAT	TTMO	DE MA	RYLAND		
21. SIGNATURE OF FUNE	AL SERVICE LI	CENSEE	·	100 1				ESS OF FA	CILITY	LDAL	TIFIU	K.F., I.L.	KILAND		
· Al	mel	Te K	- Son	co	В	ROWN	I/THC	MPSO	N F.	н. Р.	О. В	OX 44	33 (21223)		
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  OUE TO (OR AS A CONSEQUENCE OF):															
PART ti. Other significant conditions contributing to deeth but Parkinson's Disease				resulting	in the u	ndertylr	ng cause	given in	Part I. 24a. WAS AN AUTOPSY PERFORMEO? 24b. WERE AUTOPSY AMAILABLE PRICOMPLETION OF DEATH?  1 YES 2 NO OF DEATH? 1 YES 2						
25. WAS CASE REFERRED	TO MEDICAL					26, F	LACE OF	DEATH (C/	heck only or	10)					
EXAMINER?  HOSPITAL:  OTHER:  1  YES 2  NO															
27. MANNER OF DEATH		28a. DATE O		26b. TII		28c, IN	JURY AT		1		HOW INJURY OCCURED				
1 Natural 6 [	Pending Investigation	(monn,	ody, rour)		M		YES 2	□ NO							
	Could not be determined	28e. PLACE building	OF INJURY — Al h	ome, farm,	street, fac	ctory, offi	ce			ATION (Street or Town, State)		or Of Rural F	noute Number,		
need .		ICIAN: To the best of											) and manner ee stated.		
29b. SIGNATURE AND TIT	LE OF CERTIFIE	ER					29c. L/	CENSE NU	MBER		29d. DA	TE SIGNED	(Month, Day, Year)		
30. NAME AND ADDRESS	OF PERSON WI		ty Medic			ner	DO	1085	5		Ja	nuary	21,1990		
Stanley Z.	Fe1sen	hera M D	11 1	7 Ch		Stre	eet 8	Ba	2120	2					
JAN 2.		32. REGISTR	AR'S SIGNATURE	100											
91111 277		()										-	DHMH-16 Rev		

	1 - FOR STATE REGISTRAR			ICATE OF		MENTAL HYGIE REG. N			
	1. DECEDENT'S NAME (First, Middle, Last)		A 22			2. DATE OF DEATH MONTH	DAY	- YEAR	3. TIME OF DEATH
	Louis E. E		^ _			Jan. 2	5.19	990	10-19 "
	4. SOCIAL SECURITY NUMBER		GE (In yrs. lest birthday)	IF UNDER 1 YEAR	HOURS MIN.	(Month, Day, Year)		8. BIRT	HPLACE (State or Foreign try)
1 3	216-03-4798	1) M 2 🗆 F	75 YRS.			6-22-19			ryland
	9a, FACILITY NAME (If pot institution, give	1		9b. CITY, TOWN	OR LOCATION OF	DEATH	9c. COL	JNTY OF	DEATH
Ö	St. Joseph Hos	spital 7AL		Tows	on		.Ba.	Ltim	ore-
DIRECTOR	10a. STATE 10b. COUNT		10c. CIT	Y, TOWN OR LOCA	ATION				10d. INSIDE CITY
F	Md. Bal	timore	F	Baltimo	re				1 TES 2- NO
AL	10s. STREET AND NUMBER				Of. ZIP CODE		10g. CIT	TIZEN OF	WHAT COUNTRY?
FUNERAL	2904 Oakcres	st Ave.			21234	,	II.	S.A	
15	11. MARITAL STATUS	12. WAS DECEDENT EVE FORCES? 1 2 Y		13. WAS DE	CENDENT OF HIS	PANIC ORIGIN? (Specify ticen, Puerto Ricen, atc.)	res or No-	14. RAC	E — American Indian,
ВУ	1 Never Married 2 K Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OF	R DATES	1 YE		scily:			"White
	15. DECEDENT'S EDU	WWII		1					WIII ce
12	(Specify only highest grade	e completed)	(Give kind of life, Do NOT u	WORL OCCUPATI work done during m	nost of working	166. KIND OF E	IUSINESS/IN	DUSTRY	
12	Elementary/Secondary (0-12)	College (1-4 or 8+)	- V						
COMPLETED	9th  17. FATHER'S NAME (First, Middle, Last)		Sal	esman	18 MOTHER'S	NAME (First, Middle, Meid	ngine	eri	ng
E C	August Edel	7				na Helfr			
0	19s. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street		rel Route Number, City or 1		in Code)	
2	Mrs. Bernice A	. Edell				e. Balto			122/1.
5	20a, METHOD OF DISPOSITION		20b. PLACE OF DISPO				LOCATION -		
	15 Buriel 2 ☐ Cremation 3 ☐ Ren 4 ☐ Donation 8 ☐ Other (Specify)	noval from Stata	other place)	wood C	emeter	TV 1	Balto		Md.
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	2 0,2 1,	22. NAME A	AND ADDRESS OF	FACILITY			
7	Waitle	DO-T				iller Fw			
	11					7 Th 7			
2	23. PART . Entar the diseases, or	complications that cau	sed the deeth. Do	752	7 Hari	ord Rd.	Balto	roet.	
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SESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) CHILADI, M.D. 7600

1990

32. REGISTRAR'S SIGNATURE

Julia Davidson-Handalla

31. DATE FILED (Month, Day, Year)

JAN 29

On Towson

DHMH-16 Rev 1/89

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

BALTIMORE, MARYLAND 21203-3/46

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PITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may	ERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, pain 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	
PITAL (	ERAL C	

1. DECEDENT'S NAME (F	First, Middle, Last	1)								OF DEATH	MY	YEAR	3. TIME OF DEATH			
		France	es FISC	HER					Jan			990	11:15 A			
4. SOCIAL SECURITY NU		5. 9EX	6. AGE (In yrs.	lest birthday)	IF UNDER		IF UNDER 2		7. OATE	OF BIRTH		8. BIRT Coun	HPLACE (State or Foreig			
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9a. FACILITY NAME (If no					9b. CITY,	CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY O										
Franklin		Hospital									Bal:	Saltimore County				
RESIDENCE OF D	10b. COUN	ITY		10c, C/1	Y, TOWN O	OR LOCATIO	ON					10d. INSIDE CITY				
Maryland												10d, INSIDE CITY LIMITS?  1 YES 2 NO				
10e. STREET AND NUMB	ER					101.	ZIP CODE			10g. CITIZEN OF WHAT COUNTRY?						
5719 Utr	echt Re	oad					21	206		u.S.A.						
11. MARITAL STATUS		12. WAS DECEDEN			13. WAS DECENOENT OF HISPANIC ORIGIN? If yes, specify Cuban, Mexican, Puerto Ri				N? (Specify Ye	Specify Yes or No- 14. RACE - American I						
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D. WERE AUTOPSY FIND AMAILABLE PRIOR TO COMPLETION OF CAU OF DEATH?  1 YES 2 NO			

FOR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

				DEATH					
SOCIAL SECURITY NUMBER					2. DATE OF		- 33	3. TIME OF DEAT	Н
	REGINALI	)	Gross		MONTH 1	14	YEAR Q()	8:21	A
			IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF	BIRTH	8. BIRTI	HPLACE (State or Fo	
	1-2M2□F 63	YRS.	ONTHS DAYS	HOURS MIN.	(Month, Do	ny, Year) 03-27	RAT 7	ro. MD.	
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e. STATE 10b. COUNTY		10c, CITY.	TOWN OR LOCATION	ON				10d. INSIDE CITY	
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ARYLAND N/	A	BAL	TIMORE			110		XXXYES 2	NO
street and number 3706 EDMONDSON AV	VENUE			ZIP CODE		100	USA	WHAT COUNTRY?	
. MARITAL STATUS	12. WAS DECEDENT EVER I	N U.Ç. ARMED	13. WAS DECE	NDENT OF HISPAN	HC ORIGIN? (S	pecify Yes or N	o- 14. RAC	E — American India k, White, etc.	n,
Never Married 2 Merried Wildowed 4 Divorced	FORCES? 1 YES		If yes, spec	city Cuban, Mexice Specific	n, Puerto Rice /:	n, etc.)	Spec		
15. DECEDENT'S EDUC		16a. DECEDENT'S US	SUAL OCCUPATION		16b, KII	D OF BUSINES	S/INDUSTRY		
(Specify only highest grade of		(Give kind of wor	rk done during most	of working	1.00.11.				
Elementery/Secondary (0-12)	College (1-4 or 8+)	RETIRE							
FATHER'S NAME (First, Middle, Last) WILLIAM GROSS				18. MOTHER'S NA			ime)		
WILLIAM GROSS					HE. G				
e. INFORMANT'S NAME (Type/Print)		19b. MAILING A	DDRESS (Street en	d Number or Rural	Route Number,	City or Town, Sta	ita, Zip Code)		
ROSE GRIMES		3706 E	EDMONDSO	N AVENUI	£ (212	29)			
e.METHOD OF DISPOSITION	20	b. PLACE OF DISPOSIT	TION (Name of came	itery, cremetory or		20c. LOCATIO	ON — City or To	own, State	
Buriel 2 ☐ Cremetion 3 ☐ Remov	ral from State	OUNT ZION	CEMETER	Y		BALTIN	MORE. 1	MARYLAND	
SIONATURE OF FUNDA SERVICE LICE				ADDRESS OF FA	CILITY				_
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Mimer	W K.	Tones	BROWN/	THOMPSO	N F.H.	P.O.	BOX 44	433 (212)	43
equentially list conditions, eny, leeding to immediate suse. Enter UNDERLYING AUSE (Disease or Injury at Initiated events	DUE TO (OR AS	A CONSEQUENCE OF):  A CONSEQUENCE OF):							
eulting in death) LAST									
ART il. Other significant conditione		out not reculting in	the underlying	cause given in	Part I. 24	a. WAS AN AUT		b. WERE AUTOPSY F	
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detached for use as the burial-transit permit, Pages 1, 2, 3 should the hospital or attending physician. BALTIMORE, MARYLAND 21203-3146 TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a mours after death. Page 6 mai TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, be filed within 72 hours after death with the State Dept. of Health and Mental Hypiene prior to burial, cremation, or removal.

IMPORTANT: If Nem 28 is marked, or Nem 23 shows any Injury, or other traumatic event, the medical examiner must DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

at once.

DHMH-16 Rev 1/89

## TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with four attended to The FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funche filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or remityral. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examples was

31. DATE FILED (Month, Day, Year)

JAN 29 1990

	REGISTRAR  1. DECEDENT'S NAME (First, Middle, Last)						DEATH	2. DATE	REG. NO.			3. TIME OF DEATH
	* - call	James	Ι.	Gres	ne:			MONTH	24/90	ΥY	YEAR	
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. le	ast birthday)	IF UNDER 1 Y		IF UNDER 24 HRS.		DF BIRTH		8. BIRTH	IPLACE (State or Foreign
	251-30-7905	1 M 2 F	65	YRS.	MONTHS D	AYS	HOURS: MIN.	11	-25-19	924	Counti	"S. C.
	9a. FACILITY NAME (If not institution, give	street and number)			9b. CITY, TO	WN OR	LOCATION OF D				NTY OF D	EATH
OR	2138 Mt	Holly S	treet		Baltimore							
DIRECTOR	RESIDENCE OF DECEDENT  10a, STATE  10b, COUNT	v		T 40 . 007	W 20001 00 1							
R		Υ		10c. CIT	Y, TOWN OR I					10d. INSIDE CITY LIMITS?		
	Md 10e. STREET AND NUMBER				Balt	_	re ZIP CODE					1 📉 YES 2 🗌 ND
RA		Street				101. 2	21216					WHAT COUNTRY?
FUNERAL	11. MARITAL STATUS	12. WAS DECEDER	IT EVER IN ILC. A	DMED	42 49	0.000	VIDENT OF HISPA				SF	
	1 Never Married 2 Merried	FORCES?	YES 2 MAR OR DATES	ND	If y	s, spec	ify Cuben, Mexico	n, Puerto F		or No-		E — American Indian, k, White, etc.
BY	3 Widowed 4 Divorced	IF 1ES, GIVE	MAH OH DATES		''	YES 2	NO Specif	ly:			Speci	Black
ED	15. DECEDENT'S EDU (Specify only highest grade	CATION			USUAL OCCU			16b.	KIND OF BUS	INESS/INC	USTRY	
Щ	Elementary/Secondary (0-12)	College (1-4 or 5	tio tio	le. Do NOT u	work done duri se retired.)	ng most	or working					
MPI									Bethle	ehem	Stee	2]
COMPLETED	17. FATHER'S NAME (First, Middle, Lest)						18. MOTHER'S NA					
BE	Thomas I. Green	2					Flore	nce G	oudine	j		
10 E	t9s. INFORMANT'S NAME (Type/Print)		1	9b. MAILING	ADDRESS (S	treet sno	d Number or Rural	Route Numb	per, City or Town	n, State, Zip	Code)	
-	Minnie A. Greene 2138 Mt Holly Street Balto, Md 21216											
	20s. METHOD OF DISPOSITION  1/A Burlel 2 Cremation 3 Removal from State  20b. PLACE DF DISPOSITION (Name of cemetery, crematory or other place)  20c. LOCATION — City or Town, State											
	4 Donation 5 Other (Specify)		_ Gar	risor	Fore				Ow-	ings	Mill	ls, Md
	21. SIGNATURE OF FUNGALL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  March F/H West											
	March F/H West 4300 Wabash Avenue											
	23. PART I. Enter the diseases, or	complications the	at caused the d	leeth. Do	not enter th	e mode	e of dying, suc	ch sa cerd	llec or respi	ratory sri	reat,	Approximate
	shock, Dr heart failure. List only one cause on each tins.										Interval Betwee	
	disesse or condition	P	pstate	C	ence	1_						=-11000-001
	resulting in death)	DUE TO	(OR AS A CONS	EQUENCE O	F):							
z		h										
0	Sequentielly list conditions, if any, leading to immediate	OUE TO	(DR AS A CONS	EQUENCE O	F):							
Ĕ	CAUSE (Disease or Injury	C										
CATI			(OR AS A CONSI	EQUENCE O	F):							
TIFICATI	that initiated events	DUE TO			. /-							
ERTIFICATI		d										
L CERTIFICATION	that initiated events resulting in death) LAST	d	death but not	resulting		rlying	csuse given in	Part I.	24a. WAS AN	AUTOPSY	246	WERE AUTOPSY FINDINGS
AL	that initiated events	d	death but not	resulting		rlying	csuse given in	Part I.	PERFOR	MED?	246	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE
AL	that initiated events resulting in death) LAST	d	death but not	resulting		rlying	csuse given in	Part I.		MED?	24b	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEDICAL	that initiated events resulting in death) LAST	d	death but not	resulting		rlying	csuse given in	Part I.	PERFOR	MED?	24b	AVAILABLE PRIOR TO COMPLETION OF CAUSE
MEDICAL	that initiated events resulting in death) LAST	d	death but not	resulting	in the unde				PERFOR	MED?	246	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEDICAL	PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?	d to contributing to			in the unde	26. PLA	CE OF DEATH (C/	heck only on	PERFOR  1   YES 2	MED?	24b	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEDICAL	PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL	d	☐ ER/Outpetient	3 🗆 DOA	OTHER:	26. PLA	CE OF DEATH (C/	heck only on	PERFOR  1  YES 2  re)  r (Specify)	MED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PHYSICIAN: MEDICAL	that initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	d to contributing to HOSPITAL:	□ ER/Outpetient F INJURY	3 DOA 28b. TIM	OTHER: 4   Nursing	26. PLA	CE OF DEATH (C/	heck only on	PERFOR  1   YES 2	MED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
BY PHYSICIAN: MEDICAL	that initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	HOSPITAL: 1 Inpatient 2 28s. DATE Of (Month, i)	□ ER/Outpetient F INJURY Day, Year)  OF INJURY — At It	3 DOA	OTHER: 4   Nursing	26. PLAI J Home Ic. INJUI WORI 1 U YE	CE OF DEATH (C/	heck only on 6 Othe 28d, DES	PERFOR  1 YES 2  r (Specify)  CRIBE HOW II	MED?	CURED	AMILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?  1 YES 2 NO
ED BY PHYSICIAN: MEDICAL	that initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending investigation	HOSPITAL: 1 Inpatient 2 28s. DATE Of (Month, i)	ER/Outpetient F INJURY Day, Year)	3 DOA	OTHER: 4   Nursing	26. PLAI J Home Ic. INJUI WORI 1 U YE	CE OF DEATH (C/	heck only on 6 Othe 28d, DES	PERFOR  1 YES 2  1 (Specify)  CRIBE HOW II	MED?	CURED	AMILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?  1 YES 2 NO
ED BY PHYSICIAN: MEDICAL	PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending investigation  3 Suicide 8 Could not be determined	HOSPITAL: 1 Inputent 2 28e. PLACE (building)	ER/Outpetient FINJURY Dey, Year) OF INJURY — At N., etc. (Specify)	3 DOA 28b. TIN IN.	OTHER: 4 Nursing	26. PLA g Home lc. INJUI WORI 1 YE , office	CE OF DEATH (C)  5  Residence  7  AT  K7  S 2  ND	6 Other 28d. DES	PERFOR  1 YES 2  r (Specify)  CRIBE HOW II  ATION (Street a or Town, State)	MED?  NO  NJURY OC	CURED r or Rural I	AMILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?  1 YES 2 NO
ED BY PHYSICIAN: MEDICAL	that initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	HOSPITAL: 1 Input lent 2 28s. DATE Of (Month, i) 26s. PLACE of building	ER/Outpetient F INJURY Dey, Year) OF INJURY — At It, etc. (Specify) If my knowledge, of	3 DOA 28b. Tilv. IN.	OTHER: 4 Nursing BE OF 28 JURY M street, factory	26. PLAG g Home ic. INJUI WORI 1  YE , office	CE OF DEATH (C/ 5  Residence Residence RY AT KY 2  ND	6 Othe 28d. DES 26f. LOC City	PERFOR  1 YES 2  Tr (Specify)  CRIBE HOW II  ATION (Street a or Town, State)	MED?  NO  NJURY OC	CURED or Aural I	AMALAGLE PRIOR TO COMPLETION DF CAUSE OF DEATH?  1 YES 2 NO
COMPLETED BY PHYSICIAN: MEDICAL	that initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	HOSPITAL: 1   Inpetient 2   28a. DATE Of (Month, inputions) 1CIAN: To the best of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of t	ER/Outpetient F INJURY Dey, Year) OF INJURY — At It, etc. (Specify) If my knowledge, of	3 DOA 28b. Tilv. IN.	OTHER: 4 Nursing BE OF 28 JURY M street, factory	26. PLA: 3 Home 6c. INJUI WORI 1 YE , offics 6, date so	CE OF DEATH (C/ 5 Residence RY AT K? SS 2 ND	6 Othe 28d. DES 28f. LOC City.	PERFOR  1 YES 2  Tr (Specify)  CRIBE HOW II  ATION (Street a or Town, State)	MED?  NO  NO  NJURY OC  NJURY OC  Note that the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of	CURED  r or Rural I	COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  Route Number,
ED BY PHYSICIAN: MEDICAL	that initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	HOSPITAL: 1   Inpetient 2   28a. DATE Of (Month, inputions) 1CIAN: To the best of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of t	ER/Outpetient F INJURY Dey, Year) OF INJURY — At It, etc. (Specify) If my knowledge, of	3 DOA 28b. Tilv. IN.	OTHER: 4 Nursing BE OF 28 JURY M street, factory	26. PLA: 3 Home 6c. INJUI WORI 1 YE , offics 6, date so	CE OF DEATH (C/ 5  Residence Residence RY AT KY 2  ND	6 Othe 28d. DES 26f. LOC City s to the caus time, data	PERFOR  1 YES 2  Tr (Specify)  CRIBE HOW II  ATION (Street a or Town, State)	MED?  NO  NO  NJURY OC  NJURY OC  Note that the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of	CURED  r or Rural I	ANALABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?  1 YES 2 NO  Route Number,  s) and menner as stated.

DHMH-18 Rev 1/89

BALTIMORE, MARYLAND 21203-3146

31. DATE FILED (Month, Day, Year)

	1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH CERTIFICATE OF DEA		L HYGIENE REG. NO.	30 01130						
	1. DECEDENT'S NAME (First, Middle, Last) Ellis Harris		OF DEATH	76 3. TIME OF DEATH 33 pm						
	4. SOCIAL SECURITY NUMBER  5. EEX  1 A 2 F  8. AGE (In yrs. lost birthday)   F UNDER 1 YEAR   F UNDER 1 YEAR   F UNDER 1 YEAR   F UNDER 1 YEAR   F UNDER 1 YEAR   F UNDER 1 YEAR   F UNDER 1 YEAR   F UNDER 1 YEAR   F UNDER 1 YEAR   F UNDER 1 YEAR   F UNDER 1 YEAR   F UNDER 1 YEAR   F UNDER 1 YEAR   F UNDER 1 YEAR   F UNDER 1 YEAR   F UNDER 1 YEAR   F UNDER 1 YEAR   F UNDER 1 YEAR   F UNDER 1 YEAR   F UNDER 1 YEAR   F UNDER 1 YEAR   F UNDER 1 YEAR   F UNDER 1 YEAR   F UNDER 1 YEAR   F UNDER 1 YEAR   F UNDER 1 YEAR   F UNDER 1 YEAR   F UNDER 1 YEAR   F UNDER 1 YEAR   F UNDER 1 YEAR   F UNDER 1 YEAR   F UNDER 1 YEAR   F UNDER 1 YEAR   F UNDER 1 YEAR   F UNDER 1 YEAR   F UNDER 1 YEAR   F UNDER 1 YEAR   F UNDER 1 YEAR   F UNDER 1 YEAR   F UNDER 1 YEAR   F UNDER 1 YEAR   F UNDER 1 YEAR   F UNDER 1 YEAR   F UNDER 1 YEAR   F UNDER 1 YEAR   F UNDER 1 YEAR   F UNDER 1 YEAR   F UNDER 1 YEAR   F UNDER 1 YEAR   F UNDER 1 YEAR   F UNDER 1 YEAR   F UNDER 1 YEAR   F UNDER 1 YEAR   F UNDER 1 YEAR   F UNDER 1 YEAR   F UNDER 1 YEAR   F UNDER 1 YEAR   F UNDER 1 YEAR   F UNDER 1 YEAR   F UNDER 1 YEAR   F UNDER 1 YEAR   F UNDER 1 YEAR   F UNDER 1 YEAR   F UNDER 1 YEAR   F UNDER 1 YEAR   F UNDER 1 YEAR   F UNDER 1 YEAR   F UNDER 1 YEAR   F UNDER 1 YEAR   F UNDER 1 YEAR   F UNDER 1 YEAR   F UNDER 1 YEAR   F UNDER 1 YEAR   F UNDER 1 YEAR   F UNDER 1 YEAR   F UNDER 1 YEAR   F UNDER 1 YEAR   F UNDER 1 YEAR   F UNDER 1 YEAR   F UNDER 1 YEAR   F UNDER 1 YEAR   F UNDER 1 YEAR   F UNDER 1 YEAR   F UNDER 1 YEAR   F UNDER 1 YEAR   F UNDER 1 YEAR   F UNDER 1 YEAR   F UNDER 1 YEAR   F UNDER 1 YEAR   F UNDER 1 YEAR   F UNDER 1 YEAR   F UNDER 1 YEAR   F UNDER 1 YEAR   F UNDER 1 YEAR   F UNDER 1 YEAR   F UNDER 1 YEAR   F UNDER 1 YEAR   F UNDER 1 YEAR   F UNDER 1 YEAR   F UNDER 1 YEAR   F UNDER 1 YEAR   F UNDER 1 YEAR   F UNDER 1 YEAR   F UNDER 1 YEAR   F UNDER 1 YEAR   F UNDER 1 YEAR   F UNDER 1 YEAR   F UNDER 1 YEAR   F UNDER 1 YEAR   F UNDER 1 YEAR   F UNDER 1 YEAR   F UNDER 1 YEAR   F UNDER 1 YEAR   F UNDER 1 YEAR   F UNDER 1 YEAR   F UNDER 1 YEAR	MIN. 7. DATE	of BIRTH 1, Day, Year)	6. BIRTHPLACE (State or Foreign Country)						
OR	University of MD Hospital Baltin	ersity of MD Hospital Baltimore								
DIRECTOR	106. COUNTY 106. CITY, TOWN OR LOCATION	70.		10d. INSIDE CITY LMITS? 1 [ YES 2 NO						
	100, STREET AND NUMBER 101. ZIP COE 127 S. EXTER ST. Apt. 3E	21202	10g. CITIZ	EN OF WHAT COUNTRY?						
BY FUNERAL	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S.AAMED 13. WAS DECEMBENT	an, Maxican, Puarto	N? (Specify Yea or No— Rican, etc.)	14. RACE — American Indien, Black, White, atc. Specify: Black						
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  12Th  College (1-4 or 5+)  College (1-4 or 5+)  College (1-4 or 5+)	king R	owley-50	ther						
ВЕ СО	17. FATHER'S, NAME (First, Middle, Last) 10. MOT	CULA (First,	Douglas							
10	192. NAFORMANT'S MAME PROPERTY 193. MAILING ADDRESS (Street and Number 2308 Callot	or or Rural Route Num	ber, City or time Stere, Zip	1000 21217						
	20e. METHOD OF DISPOSITION  1 Q/Burial 2 Cremation 3 Removal from State  4 Donation 5 Other (Specify)	retern	Battim	Otty or Town, State						
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDR  WM 0	ESS OF FACILITY	th que	neral Home						
	23. PART I. Enter the diseases, or complications that caused the desth. Do not enter the mode of dishock, or heart feliure. List only one cause on each line.	ying, such as cer	diac or reapiratory arr							
	IMMEDIATE CAUSE (Final disease or condition resulting in death)  s. Hupoxia - progress	we		Onset and Daeth						
N	Sequentially list conditions,	mone	7	lwk						
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Industry	ncy &	ndrom	e known						
ERTIF	that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  d.									
닞	PART II. Other significant conditions contributing to death but not resulting in the underlying cause	given in Part I.	24e. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE						
MEDICA			1 TES 2 NO	OF DEATH?						
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF	DEATH (Check only o	ne)							
SIC	EXAMINERY  1 YES 2 NO THER:  1 Inpettent 2 ER/Outpettent 3 DOA 4 Nursing Home 5 1	Residence 8 🗆 Oth	er (Specify)							
ВУ РН	27. MANNER OF DEATH  1 Netural 5 Pending Investigation  28b. DATE OF INJURY (Morith, Day, Year)  28b. TIME OF INJURY AT WORK?  1 YES 2		SCRIBE HOW INJURY OCC	CURED						
ETED E	3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)	28f. LOC City	CATION (Street and Number or Town, State)	or Rural Route Number,						
COMPLE	29s. CERTIFIER (Check only one)  2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred.									
BE	296-SIGNATURE AND THILE OF CERTIFIER  AMELIA WILLIAM MEDITAL MD  296-LII	CENSE NUMBER	29d. DATE	1 25 10 Year)						
10	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (15/00, Print)  + AMELIA J. AMELIANG 275, GIVENE S	St Ba	Himon							

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIFIC	ATE OF	DEATH	REG. N	0.					
200	1. DECEOENT'S NAME (First, Middle, Last)	LROUNE L	. Harm	an		2. DATE OF DEATH	DAY YE					
	4. SOCIAL SECURITY NUMBER  NA		(In yrs. lest birthday)	UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)  7 - 18	8.8	BIRTHPLACE (State or Foreign Country)  M 7)				
	9a. FACILITY NAME (If not institution, give st	reet and number)	9	D. CITY, TOWN C	R LOCATION OF DI		9c. COUNTY					
TOR	UNIVERSITY HO	SPITAL			MORE CI							
2	10a. STATE 10b. COUNTY		10c. CITY, T	OWN OR LOCAT	ION			10d. INSIDE CITY				
DIR	MD		BALT	IMORE			TENITS?  TENITS?  YES 2 □ NO					
FUNERAL DIRECTOR	100. STREET AND NUMBER 2427 LAKEVIEW	AVENUE		101	21218		US.	of what country?				
ВУ	11, MARITAL STATUS 1 Never Married 2 Married 2 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES	s 2)(1)(10	If yes, sp	ENOENT OF HISPAI ecity Cuban, Maxica 2 NO Specif	NIC ORIGIN? (Specify in, Puerto Rican, atc.)		RACE — American Indian, Black, White, etc. Specify: BLACK				
G	15. DECEDENT'S EDUC	CATION	16a. DECEDENT'S US	UAL OCCUPATION	ON .	16b. KIND OF E	USINESS/INDUST					
COMPLETED	(Specify only highest grade) Elementary/Secondary (0-12) 11th Grade	College (1-4 or 5+)	(Give kind of word life. Do NOT use n		st of working	NA						
2	17. FATHER'S NAME (First, Middle, Last)		1100000000		10 MOTHERY NA	ME (First, Middle, Maid						
BE CC	DANDOLDH NICH	OLS SR.			MILDRI	ED SMITH	NICHO					
10	19a. INFORMANT'S NAME (Type/Print) MILDRED BAL	TIMORE				Route Number, City or 1		RE MD 21201				
	20s. METHOD OF DISPOSITION    Burlel 2   Cremation 3   Remo	oval from State	0b. PLACE OF DISPOSITI		netary, crematory or	20c.	NSDOWN	or Town, State				
	21. SIGNATURE OF FUNERAL SERVICE LIC		MOONI ZIC		D ADDRESS OF FA		NSDOWN	E, MD				
3	> Gladus	Warred					101 E.	NORTH AVE.				
	23. PART I. Enter the diseases, or o	complications that caus	ed the death. Do not	anter the mo	da of dying, aud	ch as cardiac or re-	piratory arrest,					
	ahock, or heart failure. I	DUE TO (OR AS		a tory	Dister	5,	drom	Interval Between Onset and Death				
2		~	M & h / G	/								
ATIO	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING		A CONSEQUENCE OF):									
CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in death) LAST	CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF):										
핑		d										
EDICAL	PART II. Other algnificant condition		but not resulting in	the underlyin	g cause given (n	PERF	AN AUTOPSY CORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?				
Σ						_		1 YES 2 NO				
A	25. WAS CASE REFERRED TO MEDICAL			26. PI	ACE OF DEATH (C)	hack only one)						
PHYSICIAN:	EXAMINER?	HOSPITAL:		THER:								
ξÍ	27. MANNER OF DEATH	28a. DATE OF INJUR			URY AT	8 ☐ Other (Specify)  28d. DESCRIBE HO	W IN HIM COOK	ED.				
BY Ph	1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Year		Y WC	PRK?	280. DESCRIBE HO	W INJUNY OCCUR	EU				
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJUI building, etc. (S)	RY — At home, farm, stre pecify)	et, factory, offic	•	28f. LOCATION (Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street,		Rural Route Number,				
COMPLETED	ana)	CIAN: To the best of my kno						nuse(s) and manner as stated.				
	29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NU			GNED (Month, Day, Year)				
TO BE	Scottm Lawn Star. Mi						N /	5/40				
	6 1/ 1/ 11/		DEATH (ITEM 27) (Type, P	int)  ryland	Hospit	71 , B4 1	timore	mn				
	31. DATE FILED (MONTH, Day, Your)	32. REGISTRAR'S SIG	GNATURE		7							

uld be detached for use as the burial-transit permit. Pages 1, 2, 3 should by the hospital or attending physician. RYLAND 21203-3146 TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within "s-riours after death. Page Lynab extending by the hoss TO THE FUNERAL ORECTOR: After this certificate has been signed by the attending physician and completely filted in by the funeral direction age. 5.3-duid be detached filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

OHMH-16 Rev 1/89

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within sections after death. Page 6 m. be retained by the hospital properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, pay the control of defaults and Mental Huntere note to build cremation or removal	IMPORTANT: If I lem 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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JR A	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeration of the second minimal processor and the second minimal processor and the second minimal processor of the second minimal processor of the second minimal processor of the second minimal processor of the second minimal processor of the second minimal processor of the second minimal processor of the second minimal processor of the second minimal processor of the second minimal processor of the second minimal processor of the second minimal processor of the second minimal processor of the second minimal processor of the second minimal processor of the second minimal processor of the second minimal processor of the second minimal processor of the second minimal processor of the second minimal processor of the second minimal processor of the second minimal processor of the second minimal processor of the second minimal processor of the second minimal processor of the second minimal processor of the second minimal processor of the second minimal processor of the second minimal processor of the second minimal processor of the second minimal processor of the second minimal processor of the second minimal processor of the second minimal processor of the second minimal processor of the second minimal processor of the second minimal processor of the second minimal processor of the second minimal processor of the second minimal processor of the second minimal processor of the second minimal processor of the second minimal processor of the second minimal processor of the second minimal processor of the second minimal processor of the second minimal processor of the second minimal processor of the second minimal processor of the second minimal processor of the second minimal processor of the second minimal processor of the second minimal processor of the second minimal processor of the second minimal processor of the second minimal processor of the second minimal processor of the second minimal	6
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31. MAN 29 1990

32 REGISTRAR'S SIGNATURE

	1 STATE	STATE OF MARYLAN							E		
_	REGISTRAR		CERTI	-ICAI E	UF	DEAI		REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)							DATE OF DEATH		YEAR	. TIME OF DEATH
	Maggie May Hamilto		1/	T 1.330.50		and the		23		70	1 A. M.
- 1			rrs. last birthday	MONTHS :	DAYS	IF UNDER		DATE OF BIRTH (Month, Day, Year)		Country)	ACE (State or Foreign
- 1	220-32-0730								ginia		
- 1	9e. FACILITY NAME (If not institution, give street and number)  9b. CITY, TOWN OR LOCATION OF DEATN  9c. COUNTY OF DEA								TH		
8	JENKINS MEI	MENORIAL HOME Baltimore									
5	RESIDENCE OF DECEDENT										
DIRECTOR	10s. STATE 10b. COUNTY		10c. C	TY, TOWN O	R LOCAT	ION				19	Dd. INSIDE CITY LIMITS?
	Maryland			Ba1	tim						YES 2 NO
FUNERAL	10e. STREET AND NUMBER				101	ZIP CODI	E		10g. CITIZI	EN OF WHA	AT COUNTRY?
	2149 Wilkens Avenu	ie				21	223		U.	S.A.	
5		. WAS DECEDENT EVER IN U.	S. ARMED					ORIGIN? (Specify Yee uerto Ricen, etc.)	or No-	4. RACE -	- American Indian, White, etc.
ВУ	1 Never Married 2 Merried	FORCES? 1 YES	S X				Specify:	serio Aiceri, etc.)		Specify:	Trining attack
	3 Wildowed 4 Divorced										White
	15. DECEDENT'S EDUCATI (Specify only highest grade con		Ba. DECEDENT (Give kind o	I work done d			10	16b. KIND OF BUS	INESS/INDU	STRY	
	Elementary/Secondery (0-12)	College (1-4 or 5+)	Ille. Do NOT	use retired.)							
<u>A</u>	Unavailable		Home	emaker					1		
COMPLETED	17. FATNER'S NAME (First, Middle, Last)					18. MOTI	HER'S NAME	First, Middle, Maiden	Surneme)		
BE (	John Henry					E1.	lie UN	IKNOWN			
	19e. INFORMANT'S NAME (Type/Print)		19b. MAILIP	G ADDRESS	(Street a	nd Number	or Rural Route	Number, City or Tow	n, State, Zip (	Code)	
2	June Shue		1507	7 Park	sle	y Av	e. Ba	ltimore,	MD 2	1230	
	20e. METHOD OF DISPOSITION		LACE OF DISP						CATION — C		, State
	1 N Buriel 2 ☐ Cremation 3 ☐ Remova 4 ☐ Donation 5 ☐ Other (Specify)		rospe	et Hil	1 C	emet	erv	Fro	nt Ro	val.	VA
	21. SIGNATURE OF FUNERAL SERVICE LICEN			22. 1	NAME AN	D ADDRE	SS OF FACILI	TY		,,	
	E Par	11	1	- 1				Home, I			
	) aymend	recerson	)					re. Balt			21229
	23. PART I. Enter the diseases, or con shock, or heart fallure. Lis	nplications thet ceusad to it only one cause on eac	he daath. Do h line.	not anter	the mo	de of dy	ing, auch as	cerdlec or reapi	retory arre	at,	Approximate interval Between
	IMMEDIATE CAUSE (Finel										Onset and Death
	disease or condition resulting in deeth)	perutoni	tin								dans
		DUE TO (OR AS A C	ONSEQUENCE	OF):							1
z	Co gastrostony week										
CERTIFICATION	Sequentially tist conditions, if any, leading to immediate	DUE TO (OR AS A CO	ONSEOUENCE	oln:							
2	CAUSE (Disease or injury										
E	that initiated evants	DUE TO (OR AS A C	ONSEQUENCE	OF):							
E	resulting in death) LAST			_							
ō	PART II. Other algnificant conditions of	contribution to death but	not moultin	n in the un	dodulo		eluna la Dec	1 I. 24e. WAS AN	ALLEGOREY	045 14	/ERE AUTOPSY FINDINGS
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ă	Carron	lerate c	العما	- C	-			1 TYES 2	110		F DEATH?
M								-		1	YES 2 NO
ż											
PHYSICIAN: MEDICA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	IOSPITAL:				ACE OF D	EATN (Check	only one)			
Si		☐ Inpatient 2 ☐ ER/Outpati	lent 3 🗆 DOA	4 DATON		6 5 🗆 R	esidence 6 [	Other (Specify)			
=	27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)		IME OF NJURY		URY AT	28	d. DESCRIBE NOW I	NJURY OCC	JRED	
BY	1 Netural 5 Pending 2 Accident Investigation			М		YES 2	□ NO				
	3 Suicide 6 Could not be	28e. PLACE OF INJURY — building, atc. (Specify,	At home, farm	, etreet, facto	ory, offic	•	26	t. LOCATION (Street City or Town, State)		or Rural Rou	ute Number,
TED	4 Homicide determined		,					only or rown, orallo,			
COMPLET	294. CERTIFIER 1 CERTIFYING PHYSICIA	IN: To the best of my knowled	ige, death occu	rred at the ti	lme, date	and place	end due to	the council and ma	nner as state	d	
2	1.21	On the basis of examination s									and manner se stated.
8		2014 1000		,							
BE	296. SIGNATURE AND TITLE OF CERTIFIED	000				29c. LIC	ENSE NUMBE		29d, DATE	SIGNED (A	Month, Day, Year)
2	Juliona K	LEXXOP9	MIL	40		20	178	56	/~	25	-40
P*	30. NAME AND ADDRESS OF PERSON WHO	•								20	
	Laurence R. Gall	ager, M.D.	3455 V	<i>Vilker</i>	s A	venue	e Bal	timore,	Maryl	and	21229

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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral die filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner
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	FOR_	STATE OF N	MARYLAND	/ DEPAI	RTMENT	OF HE	ALTH	AND I	WENTAI	HYGIEN	F	9	0 0175	
	1 - STATE REGISTRAR  1. DECEDENT'S NAME (First, Middle, Lest)			CERTIF	ICATE					REG. NO		3.	. TIME OF DEATH	
	Steve Helou		, _ ,,,_,	OWIC	£.,				MONT!	-26-5		EAR	4 10 A M	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.	last birthday)			IF UNDER		7. DATE	OF BIRTH	8.	BIRTHPL	ACE (State or Foreign	
	217-20-1999	1 🕅 M 2 🗆 F	63	YAS.	MONTHS	DAYS	HOURS	MIN.	7	28 26	5 MA	RYL	AND	
	9s. FACILITY NAME (If not institution, give a	treet and number)			9b. CITY,	TOWN OR	LOCATI	ON OF DE	ATH /		9c. COUNTY	OF DEA	тн	
OR	MERCY HOSPITAL				BALT	IMOF	RE I	CITY	/					
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNT	1		18c. Cf	TY, TOWN OF	I LOCATIO	ON					10	0d. INSIDE CITY LIMITS?	
E	MARYLAND		-	BA	LTIM	ORF						LIMITS?		
	10e. STREET AND NUMBER		-				ZIP COD	E			10g. CITIZEI	OF WHA	AT COUNTRY?	
FUNERAL	922 FAWN STREET					2	122	4			USA	4		
S .	11. MARITAL STATUS	12. WAS DECEDEN FORCES? 1	T EVER IN U.S.	ARMED	13. W	AS DECE	NDENT C	F HISPAN	IC ORIGIN	i? (Specify Yes	or No- 14	RACE -	- American Indian, White, etc.	
BYF	1 Never Married 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE W			1	YES 2	XX	Specify	C.	Rican, atc.)		Specify:	Assessed to	
	15. DECEDENT'S EDU	CATION	100	DECEDENT'S	LISUAL OC	CHIDATION	u		1 405	KIND OF BU	SINESS/INDUS	WHI	<b>₩</b> }••	
IE	(Specify only highest grade	completed)		(Give kind of	work done do	uring most	of world	ng	160	KIND OF BU	SINE 33/INDUS	INT		
PLI	8 years	College (1-4 or 5		REMA	N				В	ALTO.	GAS	& E	LECTRIC	
COMPLETED	17. FATHER'S NAME (First, Middle, Leat)					Т	16. MOT	HER'S NA		Middle, Maiden				
BE C	JOHN HELOWICZ	7					VER	ONIC	CA	NAPOF	RA			
TO B	19a. INFORMANT'S NAME (Type/Print)			19b. MAILIN	G AOORESS	(Street and	d Numbe	r or Rural I	Floute Numi	ber, City or Tow	m, State, Zip Co	ide)		
=	MRS. ANNA SROKA	1		526	S ST	REEF	PER	ST.	В	ALTO.	MD.	212	224	
	20a, METHOD OF DISPOSITION 1 & Burlet 2 Cremetion 3 Removal from State 4 Donetton 5 Other (Specify)  STANISLAUS CEMETERY BALTO. MD.													
	4 Donation 5 Other (Specify)	1	ST.	STAN						АЦТО.	MD.			
	21. SIGNATURE OF FUNERAL SERVICE LI	Perger						WSKI		NERAL	НОМЕ			
	Mumora X	CHLOR	ske	,							O. MC		1224	
NOI	23. PART I. there the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, abock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Due To (OR AS A CONSEQUENCE OF):  Bronchosenic Carcinoma  Due To (OR AS A CONSEQUENCE OF):													
CERTIFICATION	If eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  d.													
PHYSICIAN: MEDICAL C	PART II. Other eignificant condition	na contributing to	death but no	ot reaulting	In the unc	derlying	ceuse	given in	Part I.	24a. WAS APPERFO		C	VERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  YES 2 NO	
SIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSE TAL.					ACE OF E	EATH (Ch	eck only or	10)				
YSI	1 TYES 2 BANG	HOSPITAL:	ER/Outpatien	3 🗆 DOA	OTHER		5 🗆 R	esidence	8 🗆 Othe	er (Specify)				
PH	27. MANNER OF DEATH  1 Netural 8 Pending	28a. DATE OF (Month, L	INJURY Day, Year)	28b. TI	JURY	28c. INJU WOR	IRY AT		28d. DE	SCRIBE HOW	INJURY OCCU	RED		
ВУ	1 Netural 8 Pending 2 Accident Investigation				М		ES 2 [	NO						
	3 Suicide 5 Could not be 4 Homicide determined	28s. PLACE C building.	of INJURY — A etc. (Specify)	t home, farm,	, street, facto	ory, office			281. LOC City	ATION (Street or Town, State	and Number or )	Rural Rou	rte Number,	
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYS												and menner as stated.	
BE C	296. SIGNATURE AND TITLE OF CERTIFIE		^				29c. LIC	ENSE NU			29d, DATE S	HIGNED (A	Month, Day, Year)	
TO B	Hoch S. La	h_m					I		3116		<b>P</b>	26	190	
F	30. NAME AND ADDRESS OF PERSON WI	30 1 St	Paul	P( . B	altir	we	m	21	202					
	31. DATE FILEO (Month, Day, Young 1990	PEGISTA	A LOURS						***					
	4,11.													

BALTIMORE, MARYLAND 212

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2. Aurs after death. Page 6 may be retained by the hospital or TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for up filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR		STATE OF N	MARYLAN	ND / DEPA	RTMENT	OF H	IEALTH DEA	AND I	MENTAL	HYGIEN REG. NO.	E		
	1. DECEDENT'S NAME (First	JUANI'	ra			HEN				2. DATE OF		NY.	YEAR	3. TIME OF DEATH 10:00PM M
	4. SOCIAL SECURITY NUM	BER	5. SEX	6. AGE (In )	yrs. lest birthday YRS.	MONTHS 1	YEAR DAYS	HOURS	MIN.		BIRTH Day, Year) 9-38	3	Count	HPLACE (State or Foreign n) RGINIA
DIRECTOR	98. FACILITY NAME (If not it 1301 Wilds	wood Pa				96. COUNTY  Baltimore City  96. COUNTY  N/					TY OF D	PEATH		
[필	RESIDENCE OF DE	10b. COUNTY	1		t0c. C	19c. CITY, TOWN OR LOCATION								10d. INSIDE CITY
	MARYLAND 100. STREET AND NUMBER	N/	Α			BALTIMORE 101. ZIP CODE					10g. CITIZEN OF W			LIMITS?  TYPES 2 NO WHAT COUNTRY?
EN/	1301 WI	LDWOOI	D PARKW.	ΑY				212	29			US		
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 3 Widowed 4 Div		12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES )	& KINO	ARMED  13. WAS DECENDENT OF HISPANIC ORIGIN? (Specific It yes, specify Cuban, Mexican, Puarto Rican, std 1 YES 2/C/NO Specify:					or No-	14. RACI Black Spec	•	
8	15. DEC	EDENT'S EDU	CATION	10	6a. DECEDENT					18b. K	IND OF BUS	SINESS/IND	JSTRY	BLACK
COMPLETE	(Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5+)				Iffe. Do NOT		iring mo	est of world	ng	V	ESTE	ERNHO	USI	Ε.
Š	17. FATHER'S NAME (First, A	fiddle, Last)						18. MOT	HER'S NA	ME (First, Mic	dle, Maiden	Surname)		
	UNKNOWN ED							DNA	BROW	IN.				
	2 196. INFOHMANT'S NAME (Type/Print)						ADORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)							
-	EDNA B		911 ARGONNE DRIVE (21218)  CE OF DISPOSITION (Name of cemetery, crematory or 20c, LOCATION — City.											
	20e, METHOD OF DISPOSIT  1 Description    1 Donation    1 Donation    1 Donation    1 Donation    1 Donation    1 Donation    1 Donation    1 Donation    1 Donation    1 Donation    1 Donation    1 Donation    1 Donation    1 Donation    1 Donation    1 Donation    1 Donation    1 Donation    1 Donation    1 Donation    1 Donation    1 Donation    1 Donation    1 Donation    1 Donation    1 Donation    1 Donation    1 Donation    1 Donation    1 Donation    1 Donation    1 Donation    1 Donation    1 Donation    1 Donation    1 Donation    1 Donation    1 Donation    1 Donation    1 Donation    1 Donation    1 Donation    1 Donation    1 Donation    1 Donation    1 Donation    1 Donation    1 Donation    1 Donation    1 Donation    1 Donation    1 Donation    1 Donation    1 Donation    1 Donation    1 Donation    1 Donation    1 Donation    1 Donation    1 Donation    1 Donation    1 Donation    1 Donation    1 Donation    1 Donation    1 Donation    1 Donation    1 Donation    1 Donation    1 Donation    1 Donation    1 Donation    1 Donation    1 Donation    1 Donation    1 Donation    1 Donation    1 Donation    1 Donation    1 Donation    1 Donation    1 Donation    1 Donation    1 Donation    1 Donation    1 Donation    1 Donation    1 Donation    1 Donation    1 Donation    1 Donation    1 Donation    1 Donation    1 Donation    1 Donation    1 Donation    1 Donation    1 Donation    1 Donation    1 Donation    1 Donation    1 Donation    1 Donation    1 Donation    1 Donation    1 Donation    1 Donation    1 Donation    1 Donation    1 Donation    1 Donation    1 Donation    1 Donation    1 Donation    1 Donation    1 Donation    1 Donation    1 Donation    1 Donation    1 Donation    1 Donation    1 Donation    1 Donation    1 Donation    1 Donation    1 Donation    1 Donation    1 Donation    1 Donation    1 Donation    1 Donation    1 Donation    1 Donation    1 Donation    1 Donation    1 Donation    1 Donation    1 Donation    1 Donation    1 Donation    1 Donation    1 Donation    1 Donation    1		oval from State	0	ther place)	HEDR				D W				,
	21. SIGNATURE OF FUNERA		CENSEE	IN I	IW CA			ND ADDRE			DAI	TIMO	RE,	MARYLAND
	·Xu	me	tte 1	4-0	Jones	_								P.O. BOX E 4433
	23. PART I. Enter the alseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart feliure. List only one cause on each line.										Approximata Interval Between			
	IMMEDIATE CAUSE (Fine) disease or condition resulting in death)  Metastatic breast carcinoma a.												Onset and Death	
			DUE TO	(OR AS A C	ONSEQUENCE	OF):								
CERTIFICATION	Sequentially list condi- if any, leading to imme cause. Enter UNDERLY	diate	DUE TO	(OR AS A C	ONSEQUENCE	OF):								
윤	CAUSE (Disease or Injuthat Initiated events		c. DUE TO	(OR AS A C	ONSEQUENCE	OF):								
E	resulting in death) LAS	т	d											
L	PART II. Other significa	ant condition	a contributing to	death but	not resulting	in the und	lertvin	n cause	alven In	Part I 2	4s. WAS AN	AUTOPRY	246	. WERE AUTOPSY FINDINGS
MEDICAL	Schizophr										PERFOR	IMED?		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
										-	INSPI	ECTIO		1 TESXXXINO
AN	25. WAS CASE REFERRED 1	O MEDICAL					26. Pi	LACE OF D	DEATH (Ch	eck only one)				
Sic	EXAMINER?  XXXES 2 NO		HOSPITAL:	ER/Output!	lant 3 DOA	OTHER 4   Nursi				8 Other	Specify)			-
BY PHYSICIAN:		Pending Investigation	28a. DATE OF (Month, D	INJURY Pay, Year)	28b. T		28c. INJ WC	TURY AT ORK?				NJURY OCC	URED	
	2 Accident 3 Suicide 6 4 Homicide	Could not be detarmined	28s. PLACE C building,	F INJURY — stc. (Specify)	At home, farm	, street, tecto					ION (Street ( Town, State)	and Number	or Rural i	Route Number,
COMPLETED	onel		CIAN: To the best of											s) and manner so stated.
	295 SHOMATURE AND TORU	-		11					ENSE NUM					(Month, Day, Year)
) BE	1.1	Va	- of	1,1	MI				ME					1-90
유	30 NAME AND ADDRESS O	ERSON WH	O COMPLETED CAU	SE OF DEAT	H (ITEM 27) (Ty	oe, Print)							-	

31. DATE FILED (1/2/1/2 9 1990

FRANK PERETTI, MD

111 Penn Street, Baltimore, MD 21201

VC

BALTIMORE, MARYLAND 21203-3146	or death. Page 6 may be more to move tall or attending physician.	the funeral director, page inclination control for use as the burial-transit permit. Pages 1, 2, 3 should relate the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control o
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	OSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with control after death. Page 6 may be not at the manufal or attending physician.	UNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page removes the total section and the formal hygines prior to buring remains of many or removal, or removal, or removal, or removal, or removal, or removal, or removal, or removal, or removal, or removal, or removal, or removal, or removal, or removal, or removal, or removal, or removal, or removal, or removal, or removal, or removal, or removal, or removal, or removal, or removal, or removal, or removal, or removal, or removal, or removal, or removal, or removal, or removal, or removal, or removal, or removal, or removal, or removal, or removal, or removal, or removal, or removal, or removal, or removal, or removal, or removal, or removal, or removal, or removal, or removal, or removal, or removal, or removal, or removal, or removal, or removal, or removal, or removal, or removal, or removal, or removal, or removal, or removal, or removal, or removal, or removal, or removal, or removal, or removal, or removal, or removal, or removal, or removal, or removal, or removal, or removal, or removal, or removal, or removal, or removal, or removal, or removal, or removal, or removal, or removal, or removal, or removal, or removal, or removal, or removal, or removal, or removal, or removal, or removal, or removal, or removal, or removal, or removal, or removal, or removal, or removal, or removal, or removal, or removal, or removal, or removal, or removal, or removal, or removal, or removal, or removal, or removal, or removal, or removal, or removal, or removal, or removal, or removal, or removal, or removal, or removal, or removal, or removal, or removal, or removal, or removal, or removal, or removal, or removal, or removal, or removal, or removal, or removal, or removal, or removal, or removal, or removal, or removal, or removal, or removal, or removal, or removal, or removal, or removal, or removal, or removal, or removal, or removal, or removal, or removal, or removal, or removal, or

	1 - FOR STATE REGISTRAR	STATE OF MARYLAND / DEPA CERTI	ARTMENT OF HEALT FICATE OF DEA		AL HYGIENE REG. NO.	
	1. DECEDENT'S NAME (First, Middle, Lest)	HUNTER		2. DAT MON	E OF DEATH TH - ZH - 91	3, TIME OF DEATH
	241-38-5197	SEX 6. AGE (in yrs. lest birthde)	MONTHS DAVE HOUR	s MIN. (Mor	nth, Day, Year)	BIRTHPLACE (State or Foreign Country)  CAROLINA
TOR	9a. FACILITY NAME (If not insulation, give street  SIMOL HOPE  RESIDENCE OF DECEDENT	HO C	Bally, TOWN ON LOCA	MORS	N/A	
DIRECTOR	10a. STATE 10b. COUNTY		Baltimas	28		10d, MUNDE CITY LANTER 1 YES 2 NO
FUNERAL	BUH Virgir	na Ave	101. ZIP C	1215	10g. CITIZEN	of what country
BY FU	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced	. WAS DECEDENT EVER IN U.S. ARMED FORCES? THES 2 NO IF YES, GIVE WAR OR DATES		iben, Mexican, Puarto	VIN7 (Specify Yes or No— 14. o Rican, atc.)	RACE American Indian, Black, White, atc.
OMPLETED	15. DECEDENT'S EDUCATII (Specify only highest grade com Elementary/Secondary (0-12)  C	pleted) (Give kind o	T'S USUAL OCCUPATION of work done during most of wo f use retired.)	rking 16	Bb. KIND OF BUSINESS/INDUST	THY
OMI	17. FATHER'S NAME (First, Middle, Last)		18. M	OTHER'S NAME (First,	, Middle, Maiden Surnsme)	
36.0	JAMES COAT	ES	C	HERRY HUN	NTER	
2	198. INFORMANT'S NAME (Type/Print)  15 DORETHEA HUNT	ER 2860	POTEE STRE	VENUE ( 2	1225	
· (2)	20a. METHOD OF DISPOSITION  1  Burlal 2  Cremetion 3  Removal  4  Donation 5  Other (Specify)	from State (ther place)	REMATORY, IN		20c. LOCATION — City	
	21. SIGNATURE OF FUNERAL PRICE LICENS		22. NAME AND ADD		IBALITMORE	, MARYLAND
	Knett	1) L. Horas	BROWN/TH	OMPSON F	H PO FOY	4433 (21223)
	23. ARP . Enter the diseases, or com	plications that caused the death. Do	o not enter the mode of	dying, such as ca	rdiac or respiratory arrest	, Approximate interval Batween
	IMMEDIATE CALISE /Final	Signamors Ce	11 Carcina	un of	1445	Onsat and Daeth
2		CLASSIC OSST	metic 14	house	dise TR	
CERTIFICATION	Sequantially list conditions, if any, leading to immediate	DUE TO (OR AS A CONSEQUENCE	: OF):	)	3, C	
	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS A CONSEQUENCE	: OF):			
ERT	resulting in death) LAST					
PHYSICIAN: MEDICAL C	PART II. Other significant conditions of	entributing to death but not resulting	ng in the underlying caus	e given in Part i.	24s. WAS AN AUTOPSY PERFORMED?  1 YES 2 NO	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
Z						
Sic		OSPITAL:	OTHER:	F DEATH (Check only		
HYS	27. MANNER OF DEATH		TIME OF 28c. INJURY AT		her (Specify) ESCRIBE HOW INJURY OCCUP	ED
ВУ	1 Netural 5 Pending 2 Accident Investigation		M 1 YES	2 NO.		
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At home, fam building, atc. (Specify)	m, atreet, factory, office	281, LC	OCATION (Street and Number or ty or Town, State)	Rural Route Number,
COMPLETED		N: To the bast of my knowledge, death occurrent the basis of examination and/or investigation.				euse(s) and manner ea stated.
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	-, m0	29c. 1	JCENSE NUMBER	16 29d. DATE S	SNED (Month, Day, Year)
5	30. NAME AND ADDRESS OF PERSON WHO CO	Greene LR	VAMC, 39	100 Loc	h Rover Bloo	1., BaH., MD
	31. DATE FILED (Month, Day, Year) IAN 29 1990 Jul	32. REDISTRAN'S SIGNATURE				

DHMH-18 Rev 1/8

eath.	funera
L OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	L DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funera Phours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.
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31. DATE FILED (Month, Day, Year)

JAN 29 1990

	1 - STATE REGISTRAR  1. DECEDENT'S NAME (First, Middle, Lest)	,	CERTIFICA		2. DATE OF DEATH	ı	3. TIME OF DEAT				
	ROBERT T.	JACKSON	76.		01	DAY 23 9	T" 1355				
	219-12-1734	5. SEX 8. AGE (in yrs. 1	rest birthday)  YRS.  IF UN  MONTH	DER 1 YEAR IF UNDER 24 HRS 8 DAYS HOURS MIN	Milesto Day Mar	)	BIRTHPLACE (State or Fo Country) MARYLAND				
R	96. FACILITY NAME (If not institution, give FREDERICK MEMORI.		9b. C	TY, TOWH OR LOCATION OF FREDERICK	DEATH	9c. COUNTY OF DEATH FREDERICK					
5	RESIDENCE OF DECEDENT										
DIRECTOR		DEVICE	10c. CIDY, 10W	DSRIC		10d. NISIDE CITY LIMITS? 1 Dryes 2 No					
FUNERAL	64 CARVER	STROMMENROP		2170	)	10g. CITIZEI	OF WHAT COUNTRY?				
ED BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	2. WAS DECEDENT EVER IN U.S. / FORCES? 1   YES 2   IF YES, GIVE WAR OR DATES	ARMED NO	is. WAS DECENDENT OF HIS If yes, specify Cuban, Mai 1  YES 2 NO Sp			. RACE — American India Black, White, atc. Specify: BLACK				
Ц	15. DECEDENT'S EDI (Specify only highest grade Elementary/Secondary (0-12)	completed)	DECEDENT'S USUAL (Give kind of work do life. Do NOT use retire	ne during most of working	16b. KIND OF	BUSINESS/INDUS	TRY				
2 2	Elementary/Secondary (0-12) College (1-4 or 5+)										
COMPL	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S	NAME (First, Middle, Mai	den Surname)					
BE	JAMES RANDOLPH				EDWARDS						
2	19a. INFORMANT'S NAME (Type/Print)			ESS (Street and Number or Ru							
TO	CI.ARA JACKSON (	spouse)		er Apartment (Name of cometery, crematory		LOCATION - CH					
	1 Buriel 2 Cremation 3 Ren 4 Donation 5 Other (Specify)	noval from State Other	place)	(Name of Cometery, Crematory	or 200	LOCATION — City	y or lown, State				
ij	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	T	22, NAME AND ADDRESS OF	FACILITY						
1	22116	10/-	+	STATE ANATO		PATTO	MD 2201				
	arcial o	Mr Han	1								
	23. PART I. Enter the diseases, or ahock, or heart failure.	complications that caused the List only one cause on each li	death. Do not an na.	tar the mode of dying, i	euch as cardiac or re	apiratory arres	t, Approxim				
N	IMMEDIATE CAUSE (Finel	1 PEGN	110				Onset and				
	disease or condition reaulting in death)	. /401	1117				9				
		DUE TO (OR AS A CONS	SEOUENCE OF):	2 = . 10 :	0.170-1						
5	Sequentially list conditions,	b. DUE TO (OR AS A CONS	100	CENAL	NITOLOGE		25				
	if any, leading to immediata cause. Enter UNDERLYING	11 10 1									
3	CAUSE (Disease or Injury	C. DUE TO (OR AS A CONS	777	\							
=	that initiated events resulting in death) LAST		,2002.102 01 /.								
:		d									
כנים	AT	ne contributing to deeth but no	t resulting in the	underlying cause glyen		AN AUTOPSY	24b. WERE AUTOPSY F				
ו	PART II. Other algnificant condition			didariying cadae given	PER	in officers in	COMPLETION OF				
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				undarrying cades given		S 2 NO	OF DEATH?				
MEDICAL				andenying cause given		8 2 NO	OF DEATH?				
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MEDICAL	GIVENCE (			26. PLACE OF DEATH	1   YE	s 20 NO	OF DEATH?				
MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH	HOSPITAL:  1 Spination 2 ER/Outpation  28a. DATE OF INJURY	3 DOA OTH	26. PLACE OF DEATH IETR: Nursing Home 5   Residen 28c. INJURY AT	1   YE	7 0	OF DEATH? 1 □ YES 2				
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PLACE OF DEATH IEFT: Nursing Home 5 Residen 26c. INJURY AT WORK? 1 YES 2 NO factory, office	(Check only one)  ce 8 Other (Specify)  28d. DESCRIBE HO  28f. LOCATION (Str. 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COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation  3 Suicide 6 Could not be determined  29a. CERTIFIER (Check only)	HOSPITAL:  1 Pripettent 2 = ER/Outpettent  28a. DATE OF INJURY (Month, Day, Year)  28a. PLACE OF INJURY — At building, etc. (Specify)	3 DOA 4 DOA 4 DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA A DOA	26. PLACE OF DEATH IEFT: Nursing Home 5 Residen 26c. INJURY AT WORK? 1 YES 2 NO factory, office	(Check only one)  ce 8 Other (Specify)  28d. DESCRIBE HO  28f. LOCATION (Str. City or Rown, S	ow INJURY OCCUPATION OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PR	OF DEATH? 1 YES 2				

OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) FREDERIUK JOHNSON DR.

32. REGISTRAT'S SIGNATURE
FULLA DEVILOR.

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DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the seco

COR	(First, Middle, Lest) A VIRGIN	NIA JOHNS	ON						2. DATE MONT	OF DEATH 16	90	YEAR	3. TIME OF DEATH
4. SOCIAL SECURITY   217-24-24		5. SEX 1	8. AGE (In yrs. Is	est birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER :	24 HRS. MIN.	7. DATE (Monti	of BIRTH h, Day, Year) -06-33		BAL	PLACE (State or Foreign PLACE)
Se. FACILITY NAME (#		street and number)					OR LOCATIO	ON OF DE	ATH		9c. COUNT		
RESIDENCE OF	DECEDENT 10b. COUNT	TY		10c, CI1	10c. CITY, TOWN OR LOCATION								10d. INSIDE CITY
MARYLAND	N/	/A		BALTIMORE								LIMITS?	
10e. STREET AND NUMBER					10f. ZIP CODE			109. CITIZEN OF WHAT COUNTRY?			WHAT COUNTRY?		
11. MARITAL STATUS Never Married 3 Wildowed 4	_	FORCES?	NT EVER IN U.S. A 1 YES ZEA WAR OR DATES	BMED NO	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No. 14. RACE					E — American Indian, k, White, atc.			
15 (Speci	. DECEDENT'S EDI	UCATION le completed)	1 0	ECEDENT'S 'Give kind of fe. Do NOT u	work done (	CCUPATI during m	ON ost of working	g	168	. KIND OF BU	BINESS/INDU	STRY	
Elementary/Second	lary (0-12)	College (1-4 or 5	+) ""	DISA						NURSE	¹S AI	DE	
17. FATHER'S NAME (F) JOSEPH									ME (First, BRY.	Middle, Malden AN	Surname)		
19a. INFORMANT'S NA			1	9b. MAILING	2 ADDRESS	3 (Street				iber, City or Tow	n, State, Zip (	Code)	
LYNETTE	HOPKINS			1209	AUGU	JS <b>K</b> A	AVE	NUE	(212	29)			
20a METHOD OF DISF 1 Buriel 2 Cre 4 Donation 5	mation 3 🗆 Res	movel from State	WEST	e of oispo place) ERN S	TAR (		metery, crem	natory or			CATION — C		own, State MARYLAND
23. PART I. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, shock, or heart failure. List only one ceuse on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  a. Bo floyed Cause (Final disease)  OUE TO (ON AS A CONSEQUENCE OF):													433
ahock, IMMEDIATE CAUSI disease or condition	or heart failure E (Final on	. List only one ce	use on each lin	16.	not enter								Approximate interval Batween
ahock, IMMEDIATE CAUSI disease or conditi- resulting in death)  Sequentially list or if any, leading to it cause. Enter UNDE	or heart failure E (Final on ———————————————————————————————————	a. So for OUE TO	use on each lin	Co-	not enter								Approximate interval Batween
ahock, IMMEDIATE CAUSI disease or conditi- resulting in death)  Sequentially list co if any, leading to it	or heart failure E (Final on on onditions, mmediate ERLYING r Injury ts	a. So for OUE TO DUE TO C.	ho year	EQUENCE (	DF):								Approximate
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JULIAN

JAKSBOUTS

Jaz. REGISTRAR'S SIGNATURE
Juna Jay dion Mandelle

Belvinen

DHMH-16 Rev 1/89

TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within ZY nours after death. Page 6 TO THE FLINERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral directs be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remoral. IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner

1	FOR STATE REGISTRAF
1	1. DECEDENT'S N
-	MADTO

MADTON C 17	0 A V					2. DATE	OF DEATN	0	YEAR	TIME OF DEATH	
MARION C. K.	AY		10.0			/	08		0	61124	
	5. 9EX	6. AGE (In yrs. last	t birthouy) YRS.	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE	Dev. Year)		Country)	LACE (State or Foreign	
214-14-7003	1 M 2 T F	68	THS.						Mary		
9a. FACILITY NAME (If not institution, give					PR LOCATION OF DE	EATN		9c. COUP	TY OF DEA	ATN	
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RESIDENCE OF DECEDENT	ITY		I soc CIT	Y. TOWN OR LOCAT	ION					IOd. INSIDE CITY	
	altimore			atonsvil						LIMITS?	
ING. STREET AND NUMBER	altimore				ZIP CODE					TYES 2 1 NO	
600 Maiden Choi	T			100	21228				S.A.		
II. MARITAL STATUS    Never Merried 2 Merried   12. WAS DECEDENT EVER IN U. FORCES? 1   YES 2   FYES, GIVE WAR OR DATE:		1 YES 2 KN				en, Puerto Ricen, etc.)			14. RACE - Black, Specify:	- American Indian, White, etc. White	
15. DECEDENT'S EC	15. DECEDENT'S EDUCATION (Specify only highest grade completed)			16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of wo			ON 18b. KIND OF BUSINESS/INDU			DUSTRY	
Elementary/Secondary (0-12)		completed)  (Give kind of work done during matter than the college (1-4 or 6+)  (Give kind of work done during matter than the college (1-4 or 6+)									
11th grade				Cosmotoligist				lers			
17. FATHER'S NAME (First, Middle, Last)					18. MOTNER'S NA	ME (First, A	fiddle, Maiden Si	urneme)			
Ashby W. Hig	gs				Edith	Tar	r				
19m. INFORMANT'S NAME (Type/Print)	7	198	b. MAILING	ADDRESS (Street 1	nd Number or Rural			State. Zin	Code)		
Donald C. Kay			465	Carvel I	Beach Roa		asadena	a, M	d. 2	1122	
20e. METHOD OF DISPOSITION 1 XBurlel 2 Cremetion 3 Re	moval from State	other pla	ece)		metery, crematory or				City or Town		
1 Donation 5 Other (Specify)		_   St. J	onn	Cemetery		Ellicott City,				, maryıa	
21. SIGNATURE OF FUNERAL SERVICE	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	1	,		ord Funer Wilkens				o Md	. 21229	
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JAN 29 1990 Juli Teviden Bandase

	this certificate has been signed by the attending physician and completely filled in by the funitral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should with the State Dant of Health and Albertal Humana prick in burial grammation or cannot	
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BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	1 - FOR STATE REGISTRAR	STATE OF MARYL		ENT OF HEALTH AND I	MENTAL HYGIENE REG. NO.						
	1. DECEDENT'S NAME (First, Middle, Last)		/ -		2. DATE OF DEATH MONTH DAY	VEAR	3. TIME OF DEATH /2				
	MART		LEE		1-25-	90	12 m				
	4. SOCIAL SECURITY NUMBER 227-38-8507	5. SEX 6. AGE	in yrs. feet birthday) IF UI	NDER 1 YEAR F UNDER 24 HRS. HB DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	6. BIRTH Country	PLACE (State or Foreign				
Œ	88. FACILITY NAME (If not institution, give street and number)  96. COUNTY OF DEATH  96. COUNTY OF DEATH  96. COUNTY OF DEATH										
5	Baltimore County Gen Hapital Randallstown										
DIRECTOR	10a. STATE 10b. COUNTY	7	10c. CUTY, TOV	VN OR LOCATION		10d. INSIDE CITY LIMITS? 1 YES 2 NO					
	10e. STREET AND NUMBER	- 1	,	101. ZIP CODE	10g. C	ITIZEN OF W	HAT COUNTRY?				
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	15. DECEDENT'S EDU	CATION	16a. DECEDENT'S USUA	L OCCUPATION	16b. KIND OF BUSINESS/	NDUSTRY	-0,100				
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)	Coffege (1-4 or 5+)	(Give kind of work di life. Do NOT use retin	one during most of working ed.)	Manorhill	1. F	and Inc.				
OM	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S NA	ME (First, Middle, Majalen Surname		ou the				
BE C	William h	ee			Ma Rice						
TO B	190. INFORMANT'S NAME (Type/Print) Adell Lee		19b. MAILING ADDI	AESS (Street and Number or Rural )	16 11	- 4	2/207				
	20a. METHOD OF DISPOSITION  1 Burlet 2 Cremation 3 Rem	oval from State	PLACE OF DISPOSITION other place)	(Name of comotery, crematory on	20c LOCATION						
all a	4 Donation 6 Other (Specify)	CENSEE	1000	22. NAME AND ADDRESS OF FA	CALITY	774					
	22. NAME AND ADDRESS OF FACILITY West F. H. West Ale De De De De De De De De De De De De De										
	23 PART. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.										
	IMMEDIATE CAUSE (Finel disease or condition resulting in death)		CONSEQUENCE OF):	FAS CUNE			Interval Between Onast and Death				
_		DUE TO (OR AS A	CONSEQUENCE OF):	ESI ANTE	44 1 4 1 4						
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE OF):	DELMONARY STIS CAR	101726	,					
S	CAUSE (Disease or Injury	( hult	ple	del monary	EMBOLI						
1	that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):	cri Ces	ANI DAGE	7 1.	1				
CE							14712				
CAL	PART II. Other significant condition					Y 24b.	WERE AUTOPSY FINDINGS MAILABLE PRIOR TO				
	CA OF E	EX-57 6	with n	15 TASTASI	S 1 TES 2 NO		OF DEATH?				
PHYSICIAN: MEDI	CA 07 E	NDOMET	Rium.			-  -	1 YES 2 NO				
AN	25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF DEATH (Ch	eck only one)						
Sic	EXAMINER?  1 Tes 2 No	HOSPITAL:		HER: Nursing Home 5 - Residence							
Ή	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	28c. INJURY AT WORK?	26d. DESCRIBE HOW INJURY	CCURED					
ВУБ	1 Netural 6 Pending 2 Accident Investigation	(monny, bay, roar)	indon't	1 YES 2 NO							
	3 Suicide 6 Could not be 4 Homicide determined	26s. PLACE OF INJURY building, etc. (Spec	— A1 home, ferm, street,	factory, office	201. LOCATION (Street and Numi City or Town, State)	ber of Rural F	Route Number,				
COMPLETED	ana)	The second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second secon		the time, data and place, and due							
00	2 MEDICAL EXAMINE		n and/or investigation, in	my opinion, death occured at the	time, data and place, and due to	the cause(s	) and manner as stated.				
BE	29c LICENSE NUMBER 29d DATE SIGNED (Month Day Visual)										
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)										
	10 MLD. D19502 > 1-25-90  30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  ORLANDS B. CONAVAN MD. BLGH, RANDALISTOWN Md. 2113:  31. DATE FILED (Month, Day, Year)  4.32. REGISTRAR'S SIGNABURES AND ADDRESS OF THE PRINT OF THE PRINT OF THE PRINT OF THE PRINT OF THE PRINT OF THE PRINT OF THE PRINT OF THE PRINT OF THE PRINT OF THE PRINT OF THE PRINT OF THE PRINT OF THE PRINT OF THE PRINT OF THE PRINT OF THE PRINT OF THE PRINT OF THE PRINT OF THE PRINT OF THE PRINT OF THE PRINT OF THE PRINT OF THE PRINT OF THE PRINT OF THE PRINT OF THE PRINT OF THE PRINT OF THE PRINT OF THE PRINT OF THE PRINT OF THE PRINT OF THE PRINT OF THE PRINT OF THE PRINT OF THE PRINT OF THE PRINT OF THE PRINT OF THE PRINT OF THE PRINT OF THE PRINT OF THE PRINT OF THE PRINT OF THE PRINT OF THE PRINT OF THE PRINT OF THE PRINT OF THE PRINT OF THE PRINT OF THE PRINT OF THE PRINT OF THE PRINT OF THE PRINT OF THE PRINT OF THE PRINT OF THE PRINT OF THE PRINT OF THE PRINT OF THE PRINT OF THE PRINT OF THE PRINT OF THE PRINT OF THE PRINT OF THE PRINT OF THE PRINT OF THE PRINT OF THE PRINT OF THE PRINT OF THE PRINT OF THE PRINT OF THE PRINT OF THE PRINT OF THE PRINT OF THE PRINT OF THE PRINT OF THE PRINT OF THE PRINT OF THE PRINT OF THE PRINT OF THE PRINT OF THE PRINT OF THE PRINT OF THE PRINT OF THE PRINT OF THE PRINT OF THE PRINT OF THE PRINT OF THE PRINT OF THE PRINT OF THE PRINT OF THE PRINT OF THE PRINT OF THE PRINT OF THE PRINT OF THE PRINT OF THE PRINT OF THE PRINT OF THE PRINT OF THE PRINT OF THE PRINT OF THE PRINT OF THE PRINT OF THE PRINT OF THE PRINT OF THE PRINT OF THE PRINT OF THE PRINT OF THE PRINT OF THE PRINT OF THE PRINT OF THE PRINT OF THE PRINT OF THE PRINT OF THE PRINT OF THE PRINT OF THE PRINT OF THE PRINT OF THE PRINT OF THE PRINT OF THE PRINT OF THE PRINT OF THE PRINT OF THE PRINT OF THE PRINT OF THE PRINT OF THE PRINT OF THE PRINT OF THE PRINT OF THE PRINT OF THE PRINT OF THE PRINT OF THE PRINT OF THE PRINT OF THE PRINT OF THE PRINT OF THE PRINT OF THE PRINT OF THE PRINT OF THE PRINT OF THE PRINT										
	JAN 2 9 1990	32. REGISTRAR'S SICE	andese								

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Turs after death. Page 6 may TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, ploe filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	REGISTRAR	CE	:KIIIFI	CATE	ש אנ	EAIH	RE	G. NO.			
	1. DECEDENT'S NAME (First, Middle, Lest)						2. DATE OF DI	EATH DAY		YEAR	3. TIME OF DEATH
	Petronilla E. LeCo	mpte					1-	25-	199	0	10:25 p M
	4. SOCIAL SECURITY NUMBER 5. SEX 6.	AGE (In yrs. last	birthday)	IF UNDER 1 YE	AR IF	UNDER 24 HRS.	7 DATE OF BU	RTH		8. BIRTHE	PLACE (State or Foreign
	216-03-1442 1 M 2 X F	84	YRS.	MONTHS DA	YS HO	URS MIN.	9-21	-190	25	Mar	yland
	9a. FACILITY NAME (If not institution, give street and number)	-		9b. CITY. TO	WN OR L	OCATION OF DE		1		TY OF DE	
œ		T T		-						tim	
2	Frederick Villa Nursin	g Hom	ie	Cat	ons	ville			Dal	LLIII	ore
E E	10e, STATE 10b, COUNTY			, TOWN OR L	OCATION						10d. INSIDE CITY
<u>۾</u>	Maryland Baltimore										LIMITS?
5	104. STREET AND NUMBER				101 715	CODE			10a CITIZ		HAT COUNTRY?
RA					101. 21	21207					MAI COUNTRIT
FUNERAL DIRECTOR	1118 ST. Agnes Lane								U.S	_	
3	11. MARITAL STATUS  1 Never Married 2 Married FORCES? 1	YES 2 XN	MED IO	If yo	s, specify	Cuban, Maxica	IIC ORIGIN? (Spo n, Puerlo Ricen,		or No—		— American Indian, White, etc.
BY	3 Widowed 4 Divorced	OR DATES		1 🗆	YES 2	NO Specify	<i>i</i> :			Specify	White
				1							WILLEC
핃	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	(G/	ve kind of w	ork done durin	PATION og most of	working	166. KIND	OF BUSI	NESS/IND	USTRY	
Ш	Elementary/Secondary (0-12) College (1-4 or 5+)	11.	Do NOT us								
₹ I	Unknown	H (	omem	aker				n Ho			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				16		ME (First, Middle,				
BE	Henry A. Decker					Mary	C. Bus	sche	r		
	19a. INFORMANT'S NAME (Type/Print)	198	. MAILING	ADDRESS (St	reet and h	lumber or Rural I	Route Number, Cli	ty or Town,	State, Zip	Code)	
2	Mrs. Juanita Etzler	3:	155	The (	aks	Rd.	Ellico	ott	Cty	. Mc	1. 21043
- 1	20a. METHOD OF DISPOSITION		OF DISPOS			y, crematory or				City or Tow	
	N Burlel 2 □ Cremation 3 □ Removal from State 4 □ Donetion 5 □ Other (Specify)			Ceme	eter	·v		Balt	imo	re,	Md.
	21. BIGNATURE OF FUNERAL BERVICE LICENSEE	_		22. NAR	AE AND A	DDRESS OF FA	CILITY				
- 1	· Ul . P At	7									ome, PA
_	Molano . Noch	//									4D 21228
	23. PAHTI, Enter the diseases, or complications that cannot, or heart failure. List only one cause			ot antar the	mode	of dying, auc	h aa cardlac d	or reapin	atory arr	eat,	Approximata
	IMMEDIATE CAUSE (Final	On Gaon ima	•								Onset and Death
	disease or condition	-	a								
	resulting in death) a. Due to (os	AS A COMBE	DUENCE OF	):	4	- 4					
-	- Mesta	Ash	-C	esc D	ume	hung					
0	Sequentially list conditions, if any, leading to immediate	AS A CONSEC	DUENCE OF	):	.4	d					
AT	cause. Enter UNDERLYING										
CERTIFICATION	CAUSE (Disease or injury that initiated events	AS A CONSEC	DUENCE OF	j:							
E	resulting in death) LAST										
3											
	PART II. Other eignificant conditions contributing to de	ath but not r	esuiting i	n the unde	rlying c	use given in	Part I. 24a.	WAS AN A		24b.	WERE AUTOPSY FINGINGS AVAILABLE PRIOR TO
EDICAL								YES 2			COMPLETION OF CAUSE DF DEATH?
											1 YES 2 NO
2							_			l	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL				26. PLACI	OF DEATH (Ch	eck only one)				
<u>S</u>	EXAMINER? HOSPITAL:	210-1-11-1	- no.	QTHER:							
ΙΥS	1 YES 2 500 1 Inpettent 2 E		26b. TIM	_	c. INJURY		6 Other (Spe 28d, DESCRIB		##8W 000	CHIDED	
	1 Natural 6 Pending (Month, Day,			URY	WORK		200. DESCHIE	E HOW IN	JUNI OCC	UNED	
ВУ	2 Accident Investigation					2 NO					
ED	3 Suicide 6 Could not be 28e. PLACE OF II building, atc	NJURY — At ho L. (Specify)	me, farm, s	itreet, factory,	office		261. LOCATION City or Tox	N (Street ar vn, State)	nd Number	or Rural R	loute Number,
ETE	4   Normaliae Ostarinineo										
PLE	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my	knowledge, de	ath occurr	ed at the time	, data and	place, and due	to the cause(a)	and manr	nor na stat	led.	
COMPL	one) 2 MEDICAL EXAMINER: On the basis of exam										) and manner as stated.
	ASS. SIGNATURE AND TITLE OF CERTIFIER	,	1		1 00	CALICENSE NU	MACO		204 047	E CIPATE	(Mongh, Day, Year)
BE	( )   /   /   /   /   /	MI			26	7.3	365		ZVG. DATI	171	(MUMP, Day, TOAT)
5	raun w. Link	, וווו	,	***		1200	- 63		- 1	100	140
_	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE	OF DEATH (ITE	M 27) (Type,	Print)					/	•	
	Patrige W. Wh	Te									
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S	SIGNATURE	4.00								
	JAN 29 1990 grahe David	Con Many									
											DHMH-16 Rev 1/89

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BALTIMORE, MARYLAND 21203-3146

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within.

Vers after death. Page 6 may be TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page be filed within 72 hours after death with the State Dept, of Health and Mental Hypiene prior to burial, cremation, or removal.

IMPORTANT: If Hem 28 is marked, or Hem 23 shows any Injury, or other traumatte event, the medical examiner mest be

BE

2

30. NAME AND ADDRESS OF FEE

31. DATE FILED (Month, Day, Year)
. JANV2 9- 1990

MARIO F. GOLLE, JR., MD

32. REGISTRAR'S SIGNATURE

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	FOR 1 - STATE REGISTRAR	STATE OF N	IARYLAND /				IEALTH DEAT			YGIEN REG. NO.				U
	1. DECEDENT'S NAME (First, Middle, Lust) GEORGE				I	ΕE			2. DATE OF MONTH	DEATH DA	AY	VEAD	6:02AM	М
	4. SOCIAL SECURITY NUMBER  218-26-3153  90. FACILITY NAME (If not institution, give str	5. SEX	6. AGE (In yrs. les	t birthday) YRS.	IF UNDER	DAYS	HOURS	MIN.	7. DATE OF (Month, Do 0 2 - 1	ay, Year)	1	Country)	CLAND	n
TOR	1699 Bellhaven	Road				Pasa	adena	ı			Anne	Aru	ndel Co.	
DIRECTOR	10e. STATE 10b. COUNTY MARYLAND ANNE	ARUNDE	I CO		ASA								d. INSIDE CITY LIMITS?	
	10e. STREET AND NUMBER		<u> </u>	<u></u>	non	10	f. ZIP COD				10g. CITIZE		T COUNTRY?	
BY FUNERAL	1699 BELLHAVI  11. MARITAL STATUS  1  Never Married 2  Married  3  Widowed 4  Olivorced	12. WAS DECEDEN	YES A A	MED NO	1.5	WAS DEC	ecify Cubi	OF HISPAN	IIC ORIGIN? (S n, Puerto Rice	Specify Yes in, atc.)	or No— t	4. RACE -	American Indian, nite, etc.  BLACK	
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	CATION completed) Coffege (1-4 or 5 d	·) (G	CEDENT'S	work done se retired.)	during me	ON ost of worki	ng	18b. KI	NO OF BUS	SINESS/INOU	STRY	DDAOK	
	17. FATNER'S NAME (First, Middle, Last)			ONKI	OWN		16. MOT		ME (First, Midd		Surname)			_
BE	GEORGE L.I	S.E	19	b. MAILING	ADDRES	S (Street a	and Numbe		Y LEE		n, State, Zip C	Code)		_
10	DIANE THOMAS			404	LIN	COLI	N DR	IVE	(210	61)				
12	20a METHOD OF DISPOSITION 2 Buriel 2 Cremation 3 Remo	oval from State	20b. PLACE other place	ece)							CATION — CI		MARYI.A	NI
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	Forma	1				OM D	SON F			,	X 4433	
	23. PART I. Enter the diseases, or conshock, or heart feliure. I	omplications the	ceused the de	ath. Do					_				Approximata interval Betw	
	IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)		AND SOC		THALA	TION	1						Onset and Do	
z	-54	OUE TO	(OR AS A CONSE	OUENCE C	PF):									
ATIO	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO	(OR AS A CONSE	OUENCE C	F):									
CERTIFICATION	CAUSE (Disease or injury that initiated eventa resulting in deeth) LAST	DUE TO	(OR AS A CONSE	OUENCE C	F):									
	PART II. Other significent condition: HYPERTENSIVE AR									PERFOI		AL CO	ERE AUTOPSY FINDI MILABLE PRIOR TO OMPLETION OF CAUS F DEATN?	
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHE		LACE OF	DEATH (Ch	eck only one)			XiZ	YES 2 NO	
HYS	ZY XYES 2 NO 27. MANNER OF DEATN	1 Inpetient 2		28b. TII			DURY AT	esidence	6 Other (S	_	INJURY OCCI	JRED		
ВУ Р	1 Natural 5 Pending XXX Accident Investigation	1-21-	90 <sup>(bar)</sup>	6:0	2ÅM		YES 2	©XNO	VICT:	IM OF	HOUS	E FI	Æ	
	3 Suicide 6 Could not be 4 Homicide detarmined	28e. PLACE C building.	F INJURY — At he atc. (Specify)	HOM		tory, offic	00		1699	on (Street Town, State Bell	end Number of haven	Roac	no Number, d , Pasade	na
OMPLETED	29e. CERTIFIER 1 CERTIFYINO PNYSH													нd.

29c. LICENSE NUMBER

111 Penn Street, Baltimore, MD 21201

OCME

DNMN-16 Rev 1/89

VC

29d, DATE SIGNEO (Month, Day, Year)

1-22-90

FEAND 21203-3146

BALTIMORE,

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	Items 20b,c; FOR 1 - STATE REGISTRAR	STATE	OF MARYLAND	DEPARTM			MENTAL	HYGIENE REG. NO.		
	1. DECEDENT'S NAME (First, Midd	llo, Last)					2. DATE O	F DEATN		3. TIME OF DEATN
	Jeanette	R. Mon	Hapmery				MONTH	2.7	Q C	1.0
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. I	est birthday) IF	UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE O			IRTNPLACE (State or Foreign
	7-19-50-531	10 1 1 M 2			THS DAYS	HOURS MIN.		13 / 20	C	M. D.
	9a. FACILITY NAME (If not institution	211	mber)	96.	CITY, TOWN	OR LOCATION OF DI			c. COUNTY C	
DIRECTOR	LI berty W	redical	center		Ba	Himor	د		Bu	ltimore
<u> </u>		COUNTY		10c. CITY, TO	WN OR LOCAT	TION				10d. INSIDE CITY
10	MO	Bulti	Mo VC	9	Bult	MOYL				1 YES 2 NO
4	10e. STREET AND NUMBER					I. ZIP CODE		10	g. CITIZEN (	OF WHAT COUNTRY?
FUNERAL	1253 IV.	Bental	low street	m to	0	2121	6		LA	.s. A
2	11. MARITAL STATUS	12. WAS 0	DECEDENT EVER IN U.S.	ARMED		ENDENT OF NISPAI	NIC ORIGIN?	(Specify Yee or	No- 14. F	RACE American Indian.
	1 Never Married 2 Marri	led FORCE	ES? 1 YES 2 5. GIVE WAR OR DATES	NO		ecity Cuban, Maxics 2 NO Specif		cen, etc.)		Black, White, atc.
ВУ	3 Widowed 4 Divorced		,		1 1 163	2 gg NO Specif	7.			specify: white
	15. DECEDEN	IT'S EDUCATION est grade completed)	16a. I	DECEDENT'S USU	AL OCCUPATION	ON	16b. I	KIND OF BUSINE	SS/INDUSTR	TY .
ᄪ	Elementary/Secondary (0-12)	1	(1-4 or 5+)	ife. Do NOT use rel	ired.)	ast or working				
4										
COMPLETED	17. FATNER'S NAME (First, Middle,	Last)				18. MOTNER'S NA	ME (First, Mi	iddle, Maiden Sun	name)	
BE C	Joseph Ei	SIMMS								
	19a. INFORMANT'S NAME (Type/Pr	rint)		196. MAILING ADI	DRESS (Street	and Number or Rural	Route Numbe	r, City or Town, S	tata, Zip Code	)
10	Arthur C.	Montgo	Mercy	1253	N. E	sentator	u St	Ba	1101	4d 2/2/6
	20s. METNOD OF DISPOSITION 1 M Burlal 2 Cremation 3 4 Donation 5 Other (Spec	☐ Removal from \$	State 20b. PLAC	DIRCO C.I.	N (Name of co	Forest	lett.	20c LOCAT	ngs M	Town, Stata Md
	21. SIGNATURE OF FUNERAL SER			Cleaner	22 NAME A	ND ADDRESS OF FA	CHITY	E 00(2)	THINK	3 100 , 104
	· Anla	ym	and		Ma	ich F	, H	West	- 0	a. Aug
	23. PART I. Enter the diseas	ses, or complicati	ons that caused the	death Do not	enter the mo	ide of dulno, suc	h as card	ec or resolvet	Dry agreed	Approximate
	ahock, or heart	failure. List only	ona cause on each li	ne.		de or dying, add	,,, an card,	ac bi ioapiiati	ory arrows.	interval Between
	IMMEDIATE CAUSE (Final									
		-	- 4		4 .		C 1			Onset and Death
	disease or condition resulting in death)	a	Intracta	ble V	entri	ular	Fib	rillati	ion	
	disease or condition		Intracta DUE TO (OR AS A CONS				Fib	rillati	ion	
NOI	disease or condition resulting in death)  Sequentially list conditions,	<b>6</b>	Seizin	re Di	entrice.		Fib	rillati	ion	
ATION	disease or condition resulting in death)	<b>6</b>		re Di	5012		Fib	rillati	ion	
FICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	<b>6</b>	Seizin	EQUENCE OF):			Fib	rillati	ion	
RTIFICATION	disease or condition resulting in daeth)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING	<b>6</b>	DUE TO (OR AS A CONS	EQUENCE OF):	sorla R	2.4			ion	
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in daeth) LAST	c	DUE TO (OR AS A CONS SIP DUE TO (OR AS A CONS A SPINO	EQUENCE OF):	sorda R	neumi	onia		ion	
	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	c	DUE TO (OR AS A CONS SIP DUE TO (OR AS A CONS A SPINO	EQUENCE OF):	sorda R	neumi	onia		TOPSY	Onset and Death  Onset and Death  24b. WERE AUTOPSY FINDINGS
	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in daeth) LAST	c	DUE TO (OR AS A CONS SIP DUE TO (OR AS A CONS A SPINO	EQUENCE OF):	sorda R	neumi	ON G	24s. WAS AN AU PERFORME	TOPSY D7	Onset and Death  24b. WERE AUTOPSY FINDINGS AMARLABLE PRIOR TO COMPLETION OF CAUSE
	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in daeth) LAST	c	DUE TO (OR AS A CONS SIP DUE TO (OR AS A CONS A SPINO	EQUENCE OF):	sorda R	neumi	ON G	24a. WAS AN AU	TOPSY D7	246. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATN?
	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in daeth) LAST	c	DUE TO (OR AS A CONS SIP DUE TO (OR AS A CONS A SPINO	EQUENCE OF):	sorda R	neumi	ON G	24s. WAS AN AU PERFORME	TOPSY D7	Onset and Death  24b. WERE AUTOPSY FINDINGS AMARLABLE PRIOR TO COMPLETION OF CAUSE
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,

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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral day be filled within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner is
1	after	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the 1 be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	lea
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25.	WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	utpatient 3 DOA	OTHER:	PLACE OF DEATH (Cr				
	MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJUF (Month, Day, Yea	Y 28b. TII	WE OF 28c.	INJURY AT WORK?	28d. DESCRIBE NOW II	NJURY OCCUR	NED	
- 60	3 Suicide 8 Could not be determined	28e. PLACE OF INJU building, etc. (S	PRY — At home, farm, (pecify)	street, factory, o	ffice	281. LOCATION (Street a City or Town, State)		Rural Route Number,	
290	onei —	ICIAN: To the best of my kr ER: On the basis of examine						cause(s) and manner as stated.	
290	SIGNATURE AND TITLE OF CERTIFIE	· Quen	) most.		29c. LICENSE NU	MBER 9355		HIGNED (Month, Day, Year)	
30.	FERNANDO	QUEZAL	, M.D. ,	o, Print) 4000 i	ONNAPOL	is had , BAL	TIMER	12, Hd, 21227	
31.	JAN 29 1990 &	La Davidson	SHEETER.						

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BALTIMORE, MARNEAND 21203-3146	y begrained to the hospital or attending physician.	of 5 should be detached for use as the burial-transit permi	
BALTIMOR	urs after death. Page 6 n	d in by the funeral director, or removal,	
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	L OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within urs after death. Page 6 may b Graind to the hospital or attending physician.	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, toge 5 should be detached for use as the burial-transit permit hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	as an as a second of the second follows have second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with	분	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If them 28 is marked on them 23 shows any injury, or other traumatic event the medical examiner must be notified at a
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	1 - STATE REGISTRAR	STATE 0	F MARYLA	ND / DEPA					MENTA	L HYGIEN	E			
	1. DECEDENT'S NAME (First, Midd	Ne. Last)								OF DEATH			. TIME OF DEATH	
	Mabel A. Mill	er							MONTH DAY YEA			YEAR 90	115 0	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In	yrs. last birthday,				24 HRS.		OF BIRTH		BIRTHPL	ACE (State or Foreign	
	715-07-7310	1 □ M 2 図	F -	78 YRS.	MONTHS	DAY\$	HOURS	MIN.		0-7-11	'	Country)	vland	
	9a. FACILITY NAME (If not institution	on, give street and number			9b. CITY	TOWN (	OR LOCATI	ON OF DE		0 / 11	9c. COUNT			
FUNERAL DIRECTOR	Liberty Medic	al Center			E	alt	imor	e Cit	ty	****				
낊		COUNTY					TION					1	Od. INSIDE CITY	
盲	Maryland			Balti	mor	6					1	LIMITS?  YES 2 NO		
닣	10e. STREET AND NUMBER						1. ZIP COD	E			N OF WH	AT COUNTRY?		
E E	2679 Dulaney Street							21223	3		S.A.			
5	11. MARITAL STATUS	11. MARITAL STATUS 12. WAS DECEDENT EVER IN II			S ARMED 13 WAS DECEMBENT OF HISDAM									
I	1 Never Married 2 Marri	FORCES?	FORCES? 1 YES 2 TO							Rican, etc.)		14. RACE — American Indian, Black, Whita, atc. Specify:		
ВУ	3 Widowed 4 Divorced					1 TYES 2 TNO Specify			"			White		
COMPLETED	15. DECEDEN	IT'S EDUCATION est grade completed)		16a. DECEDENT	S USUAL O			ing.	188	. KIND OF BUS	SINESS/INDU	STRY		
<u> </u>	Elementary/Secondary (0-12)	College (1-4	or 5 +)	Iffe. Do NOT	use retired.)	normal mic	Dat Of WORK	'N						
MP.	9th grade			S	ales	cle	rk		- 2	Reads 1	Drug S	Store	9	
Ö	17. FATHER'S NAME (First, Middle,	Last)					16. MOT	HER'S NA	ME (First,	Middle, Maiden	Sumame)			
BE (	George Burch						Mal	bel N	loor	е				
	19a. INFORMANT'S NAME (Type/Pi	rint)		19b. MAILIN	IG ADDRESS	(Street a	and Numbe	r or Rural F	Route Num	ber, City or Town	n, State, Zip C	lode)		
2	Charles B. Mi	ller, Jr.		2735	Kild	air	e Dr	. Ba	alti	more, 1	MD 212	234		
	20a. METHOD OF DISPOSITION 11 □ Buriat 2 □ Cremation 3		20b. i	PLACE OF DISPO										
	4 Donation 8 Other (Spec		i	Lorrain	e Par	k C	emet	erv		Woo	odlawr	ı. MI		
1	21. SIGNATURE OF FUNERAL SES	INICE LICENSEE	,		22.	NAME A	ND ADDRE	SS OF FA				, , , , , ,		
	16	0 %	1							ome, I				
$\vdash$	//our v	amist			41	07	Wilk	ens A	Ave.	Balt:	imore,	MD		
	23. PART I. Enter the disease shock, or heart	ies, or complications failure. List only one	that caused to	tha daath. Do ch lina.	not antar	tha mo	ode of dy	ing, suci	h sa car	diac or reapi	ratory arres	st,	Approximate Interval Batween	
	IMMEDIATE CAUSE (Final												Onset and Dest	
disease or condition resulting in death)  a. PNNEMUNIA WITH SEPSO'S														
	mod age to each	DU	E TO (OR AS A C	CONSEQUENCE	OF):									
Z	Sequentially list conditions,	b												
CERTIFICATION	If any, leading to immediate		E TO (OR AS A C	CONSEQUENCE	OF):									
2	cause. Enter UNDERLYING CAUSE (Disease or Injury	c												
별	that initiated eventa resulting in death) LAST	DU	E TO (OR AS A C	CONSEQUENCE	OF):									
H	rosulting in deating EACT	d												
	PART II. Other eignificent co	onditions contribution	g to death bu	t not reaulting	in the ur	dariyin	g cause	given in	Part I.	24a. WAS AN		24b. V	VERE AUTOPSY FINDINGS	
CAL	- CEIZIE	13-120 - V	ASCU	LAR	120'9	2= 15	SE			PERFOR		AVAILABLE PRIOR TO COMPLETION OF CAUSE		
- CEIZIETS RO - VAS LULAR TO SEASE  - CASTRO - TNTESTINAL TO LEIZIONING  - RENAL INSUFFICIENCY									DF DEATH?					
2 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -								'	YES 2 NO					
PHYSICIAN:	25. WAS CASE REFERRED TO ME	DICAL	NSUF	-1415	NO					1				
흐	EXAMINER?	HOSPITAL		-	OTHE	<b>3</b> :		DEATH (Ch						
ı∡	1 YES 2 NO		2 ER/Outpet					lasidence						
	1 Natural 5 Pend	(Moi	28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY AT WORK?					28d. DEŞCRIBE HOW INJURY OCCURED						
B	2 Accident Investigation In 1 YES 2 NO													
8	3 Suicide 8 Could 4 Homicide deter	d not be built	ding, atc. (Specif	y)	, street, fact	ory, offic	ca		281. LOC	CATION (Street in or Town, State)	and Number o	r Rural Ro	uta Number,	
E														
립		PHYSICIAN: To the be	est of my knowle	dge, death occu	rred at the 1	lme, date	e and plac	a, and dua	to the ca	use(a) and mar	nner ag stated	d.		
COMPLET	one) 2 MEDICAL	EXAMINER: On the basis	of examination	and/or investiga	tion, in my o	pinion,	death occu	red at the	time, det	e and place, an	nd due to the	cause(a)	and menner as stated.	
Ü	29b. SIGNATURE AND TITLE OF	CERTIFIER	2011.	7			29c. LIC	ENSE NUI	MBER	_	29d. DATE	SIGNED (	Month, Day, Year)	
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2	30 NAME AND ADDRESS OF PER	2001 14110 001101 5750				,	-						-	

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PATEL SUDH112 . 2600 32. REGISTRAR'S SIGNATURE IAN 20 1990

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

DHMH-18 Rev 1/89

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Pag	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral dis	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner
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FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REGISTRAR REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 40 11:05 AM Frank MAICZENSKI 1 27 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign DAYS HOURS MONTHS MIN. 1 🔀 M 2 🗌 F 76 214-03-2080 09-30-1913 Baltimore 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY. TOWN OR LOCATION OF DEATN 9c. COUNTY OF DEATN Baltimore Harbor Hospital DIRECTOR RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Baltimore Maryland TX YES 2 NO 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? FUNERAL U.S.A. 21224 221 North Lakewood Avenue 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 X YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuben, Mexican, Puerto RI
1 YES 2 NO Specify: 1 Never Merried 2 Merried Specify: BY Widowed 4 Divorced White WWII COMPLETED 15. DECEDENT'S EQUICATION 16m. DECEDENT'S USUAL OCCUPATION 18b. KIND OF BUSINESS/INDUSTRY (Specify only highe (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) Continental Can Co. Continental Can 17. FATNER'S NAME (First, Middle, Last) 16. MOTNER'S NAME (First, Middle, Meiden Surname) Veronica Posluszny George Malczewski BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 2701 Ashland Avenue Baltimore, MD 21205 Catherine Sewell 20e. METHOD OF DISPOSITION
1 Burial 2 Cremation 3 Removal from State 20b. PLACE OF DISPOSITION (Name of cometery, crematory or 20c. LOCATION - City or Town, State Baltimore, Maryland Holy Rosary Cemetery Donation 8 - Other (Specify) \_ 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Lilly & Zeiler, Inc. Funeral Homes uzabeth 700 South Conkling St. Baltimore, MD 23. PART I. Enter de diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, Approximate or heart fellure. List only one cause on each line. Interval Between Onset and Death IMMEDIATE CAUSE (Final diaceca or condition Sustainer resulting in death) DUE TO (OR AS A CONSEQUENCE OF lecitio-mecha PHYSICIAN: MEDICAL CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING Encephalo 2041c CAUSE (Diseese or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events recuiting in deeth) LAST PART II. Other aignificent conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO 1 YES 2 10 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 YES 2 140 1 Impatient 2 - ER/Outpatient 3 - DOA 4 - Nursing Home 5 - Residence 6 - Other (Specify) 28e. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF INJURY 28c. INJURY AT WORK? 26d, DESCRIBE NOW INJURY OCCURED 1 Netural 6 Pending 1 YES 2 NO BY Investigation 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office 26f. LOCATION (Street end Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be COMPLETED 4 🗌 Homicide 1 NETHING PNYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(s) end manner as stated. (Check only one) 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(s) and menner as stated. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 8

Homse officer delson M.). 1/27/90 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 32. REGISTRAR'S SIGNATURE DHMN-18 Rev 1/89

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BALTMORE, MARYLAND 21203-3146

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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2% hours after de th.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the function be filled within 72 hours after death with the State Dept, of Health and Mental Hydiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examin	
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	2	23	3	

1. DECEDENT'S NAME (First, Middle, Lest) HELEN NESE	HELI	EN S	S. NES	SE		2. DAT	TE OF DEATH	/26/	790 VEAR	3. TIME OF DEATH 5:5
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In y	rs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.		E OF BIRTH		6. BIRTH	PLACE (State or Foreign
213-09-5124	1 M 2 XF		71 YRS.	MONTHS DAYS	HOURS MIN.		14/18		MARY	LAND
9a. FACILITY NAME (If not institution, give it				9b. CITY, TOWN	OR LOCATION OF D	EATH		9c. COUN	ITY OF D	EATH
CHURCH HOSPITAI	CORPOR	RATIO	N	BALT	IMORE C	ITY				
10a. STATE 10b. COUNT	Υ			TIMORI						10d. INSIDE CITY LIMITS? YES 2 NO
100. STREET AND NUMBER				10	of, ZIP CODE					THAT COUNTRY?
1001 S. ROBINSO	JN ST.	T FVER IN II	S. ARMED	13 WAS OF	21224 CENDENT OF HISPA	MIC OBIG	IN? (Specify Ver	US or No		- American Indian.
1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 IF YES, GIVE V	YES 2	2 NO	If yes, s	pecify Cuben, Mexic S 2XXNO Speci	ın, Puert			Speci WHI	r, White, etc.
15. DECEDENT'S EDU (Specify only highest grade		16	(Give kind of w	USUAL OCCUPATI	ION out of working	10	Bb. KIND OF BUS	SINESS/IND	USTRY	
Elementary/Secondary (0-12) 8 YEARS	College (1-4 or 5	+)	life. Do NOT us	MAKER	on or morning					
17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S N.					
SAMUEL RZEPI	NNTK				CATHER		ROZE			
19a. INFORMANT'S NAME (Type/Print)					and Number or Rural					
MR. LEO NESE		20h Bi			INSON S	1.		CATION —		
1 [XBuriel 2   Cremation 3   Rem 4   Donation 6   Other (Specify)	novel from State	ST.	STAN:	ISLAUS	CEMETE	RY		TO.		
STATUTE OF FUNERAL SERVICE-ST	CENSEE	_		22, NAME A	NO ADDRESS OF F	CILITY	NEDAL	LIOME	-	21224
23. PART i. Enter the diseases, or shock, or heart failure.	List only one car	use on each	h line.	2525	FLEET	STR	EET BA	ALTIM	10RE	MARYLAND Approximate Interval Between
	METAS  BUE TO  DUE TO  C.	COR AS A CO	h line.	2525 not anter the m OF LIS	FLEET	STR	EET BA	ALTIM	10RE	MARYLAND Approximate
shock, or heart failure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	METAS  B. DUE TO  B. DUE TO  C. DUE TO	COR AS A CO	ONSEQUENCE OF	2525 not anter the m  OF LIST FILE FILE FILE FILE FILE FILE FILE FILE	FLEET ode of dying, sur	STR  CV	EET BA	ALTIM	10RE	MARYLAND Approximate Interval Between
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shock, or heart failure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   YES 2   NO  27. MANNER OF DEATH  1   Netural 5   Pending Investigation 3   Suicide 6   Could not be determined  29a. CERTIFIER (Check only one) 2   MEDICAL EXAMIN	METAS  METAS  METAS  BUE TO  BUE TO  DUE TO  C. 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If  OTHER: 4   Nursing Ho  E OF 28c. If  URY M 1    street, factory, offi	PLACE OF DEATH (Come 6   Residence NURY AT YES 2   NO lice	STR  ch se ce  (V  a Part I.  beck only  28d. D  28d. L  28f. L(C)  e to the ce  o time, di	Z4e. 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FRAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by	crema	to the control of the state of shows any injury or other frammely event the made
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FOR 1 - STATE	STATE OF MARYL		IENT OF HEALTH A ATE OF DEATH			30 0177
REGISTRAR  1. DECEDENT'S NAME (First, Middle, Leet)		CENTIFIC	ATE OF DEATE	2. DATE OF DEATH	DAY Y	3. TIME OF DEATH
MARY VIRGINIA	OWENS			61	28 90	0 T.US 12 M
4. SOCIAL SECURITY NUMBER 227-14-5218	1 □ M 2 KF 69	100	UNDER 1 YEAR  # UNDER 24 NTHS DAYS HOURS	7. DATE OF BIRTH (Month, Day, Yea 3/9/20	7)	BIRTHPLACE (State or Foreign Country) 'irginia
St. Agnes Hospit.		98	Baltimore		9c. COUNT	Y OF DEATH
RESIDENCE OF DECEDENT				· · · · · · · · · · · · · · · · · · ·		
	ltimore		sdowne			10d. INSIDE CITY LIMITS? 1 YES 2 X NO
1027 Downton Road			101. ZIP CODE 21227		U.S	A.
11. MARITAL STATUS  1  Never Married 2  Married  3. Widowed 4  Divorced	12. WAS DECEDENT EVER IF FORCES? 1 YES IF YES, GIVE WAR OR D.	2 NO		HISPANIC ORIOIN? (Specify Maxican, Puerto Rican, atc. Specify:		I. RACE — American Indian, Black, White, atc. Specify: White
15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)		16a. DECEDENT'S US (Give kind of work life. Do NOT use re Homemake	done during most of working tired.)	16b. KIND OF	BUSINESS/INDUS	
unknown		пошешаке				
17. FATHER'S NAME (First, Middle, Last) Harry G. Andert	on		2000	ances A. Ba		201 54
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	DRESS (Street and Number or	Rural Route Number, City or	Town, State, Zip Co	ode)
Mary L. Thomas	201		x 37 Mathews		)9 . LOCATION — CR	y or Town State
1X Buriel 2 Cremation 3 Remo	val from State	wynn's Is	land Cem.	Gv	ynn, Vi	
21. SIGNATURE OF FUNERAL SERVICE LICE	4	toff	22. NAME AND ADDRESS Hubbard Fur 4107 Wilker	eral Home,		Md. 21229
23. PART i. Enter the diseases, or cahock, or heert failure. I iMMEDIATE CAUSE (Final disease or condition resulting in death)	. Chranic	Obstru	enter the mode of dying	, such ea cerdiac or n	eapiratory arree	Approximate interval Between Onset and Death
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A	A CONSEQUENCE OF):	Eder			
PART II. Other significant conditions	contributing to death b	out not resulting in	the underlying cause give	PE	S AN AUTOPSY REFORMED?	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO
25. WAS CASE REFERRED TO MEDICAL				TH (Check only one)		
EXAMINER?	HOSPITAL:  1   Inpetient 2   ER/Out		THER:  Nursing Home 5 Reel	dence 6 Other (Specify		
27. MANNER OF DEATH  1 Natural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME C	F 28c. INJURY AT	26d. DESCRIBE H		RED
2   Accident investigation 3   Suicide 6   Could not be determined	28e. PLACE OF INJURY building, etc. (Spe	f — At home, farm, stre	et, factory, offica	281. LOCATION (SI City or Town,		r Rural Route Number,
oppl —			nt the time, data and place, a			i. cause(s) and menner as stated.
296. SIGNATURE AND TITLE OF CERTIFIER	M.S		29c, LICEN	SE NUMBER	29d. DATE :	SIONED (Month, Day, Year)

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

GONZA

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3

32. REGISTRAR'S SIGNATURE

ANGELES

31. DATE FILED (Month, Day, Year)

2.9 1990

DHMH-16 Rev 1/89

Ca

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after del TO THE FUNERAL ORECTOR. After this certificate has been signed by the attending physician and completely filled in by the fub the filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical exa DIVISION OF VITAL RECORDS, P.O. BOX 13146,

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SHOOL	72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE OF DEATH	REG NO.

	FOR STATE REGISTRAR	STATE OF MARYLA		NT OF HEALTH AND I	MENTAL HYGIE		
- 3	1. DECEDENT'S NAME (First, Middle, Last)		,		2. DATE OF DEATH		3. TIME OF DEATH
	Clara C.	Oechsker			Jan. 2	6, 1990	7:40P M
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In	yrs. lest birthday) IF UN	DER 1 YEAR   IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8. Bi	RTHPLACE (State or Foreign
	214-01-0598	1 D M 2 10 F	33 YAS.	B BAYS HOURS MIN.	1-12-1		laryland
	9a. FACILITY NAME (If not institution, also			ITY, TOWN OR LOCATION OF DI		9c. COUNTY O	F DEATH
DIRECTOR	Francis Scott K	ey Medical	Center	Baltimore /	· V		
2	10a. STATE 10b. COUNT			N OR LOCATION			10d. INSIDE CITY
듬	Md.		Bal	timore			1 YES 2 NO
	10e. STREET AND NUMBER			101. ZIP CODE		10g. CITIZEN C	F WHAT COUNTRY?
E	426 N. Rose S	št		21224	k.	U.	S.A.
5		12. WAS DECEDENT EVER IN I	2 MNO	<ol> <li>WAS DECENDENT OF HISPAI If yos, specify Cuban, Mexica</li> </ol>		Yes or No.— 14. R	ACE — American Indian, lack, White, etc.
BY FUNERAL	1 Néver Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR DAT		1 TES 2 NO Specif		S	White
	15. DECEDENT'S EDU	JCATION	16a. DECEDENT'S USUA	OCCUPATION	16b. KIND OF 8	USINESS/INDUSTR	
E	(Specify only highest gradi Elementary/Secondary (0-12)	completed) College (1-4 or 5+)	(Give kind of work do life. Do NOT use retire	ne during most of working d.)	ĺ		
릴	3rd		Factor	v Worker	Can	Compan	ıy
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S NA	ME (First, Middle, Maid		
BE	Augustine Meye	rs			ie Gore		
2	19a. INFORMANT'S NAME (Type/Print)			ESS (Street and Number or Rural			
	Ms. Theodora (	echsler	13106 C1	earview Ave	Batto	Md	21234
1	1 Burial 2 Cremation 3 Ren 4 Donation 5 Other (Specify)	noval from State	other place)				
	21. SIGNATURE OF FUNCHAL SERVICE L	ICENSEE	Far	kwood Cemet	CILITY	Barto.	IVICI.
	1 Stroth	00		Hartley Mil			
	23. PART i. Enter the diseases, or	complications that caused	the death. Do not er	7527 Harfor	nd Rd R	alto.	Md 21234 Approximate
	shock, or heart failure.	List only one cause on each		ner the mode of dying, sec	il aa caldiac Di 19	apirotory arreat,	Interval Between Onset and Death
	IMMEDIATE CAUSE (Final disease or condition	Pac aux	Jan. An				Onset and Daath
	resulting in death)	DUE TO (OR AS A	CONSEQUENCE OF:	201			
z		· Preem	ania.				week
은	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE OF):				10 mas
CA	cause. Enter UNDERLYING CAUSE (Disease or injury	· COPD	CONSEQUENCE OF):				loyens
CERTIFICATION	that initiated events resulting in death) LAST	SOUDIANGE /S	on 11 Orac	nama of th	0 11400		i '
CE		d. 390211003	an an	THE TOTAL OF THE	2 1000		
CAL	PART II. Other significant condition	ns contributing to death bu	t not resulting in the	underlying cause given in		AN AUTOPSY FORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
20					1 YES	2 🗆 NO	OF DEATH?
ME					_		1 TES 2 NO
A.	25. WAS CASE REFERRED TO MEDICAL						
PHYSICIAN: MEDIC	EXAMINER?  1 YES 2 NO	HOSPITAL:		26. PLACE OF DEATH (C/			
HYS	27. MANNER OF DEATH	28s. DATE OF INJURY	28b. TIME OF	Nursing Home 5 Residence 28c, INJURY AT	6 U Other (Specify)  26d. DESCRIBE HO	W INJURY OCCURE	0
	1 Natural 5 Pending	(Month, Day, Year)	INJURY	WORK?			
ВУ	2 Accident Investigation 3 Suicide a Could not be	28e. PLACE OF INJURY -	At home, farm, street,	factory, office	281. LOCATION (Size		iral Route Number,
TEC	4 Homicide determined	building, etc. (Specif	97		City or Town, St.	sto)	
PLE	29a. CERTIFIER 1 CERTIFYING PHYS	SICIAN: To the best of my knowle	idge, death occurred at t	he time, data and place, and du	to the cause(s) and	manner as stated.	
COMPLETED	anal .	IER: On the basis of examination	and/or investigation, in	my opinion, death occured at the	time, data and place,	and due to the cau	se(s) and manner as stated.
	296 DIGNATURE AND TITLE OF CERTIFIC	ER		29c, LICENSE NU	MBER	29d. DATE SIG	NED (Month, Day, Year)
) BE	Harnstan	er MOT	DE Kem	8/11/01/18	744	1/2	6/90
10	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF SEA	TH (ITEM 27) (Type, Print)		1		
	KAPLAN FS	KMC '					
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNA	TURE				
	L JAN 29 1990	gilla Davidson 1					OHMH-16 Rev 1/89

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AND 21203-3146	he hospital or attending physician.	detached for use as the burial-transit permit. Pa	
BALTIMORE, MARYLAND 21203-3146	if death. I ce 5 mg be retained by	he funeral director, page 5 should be al.	
	ate be executed within 24 hours after	ysician and completely filled in by the prior to burial, cremation, or remove	
VISION OF VITAL RECORDS, P.O. BOX 13146,	A ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Note 6 to 7 be retained by the hospital or attending physician.	RECTOR; After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Paras after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	
VISION	ATTENDIN	RECTOR: After dea	

1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR 01:50 Bautrice ragan 90 01 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign IF UNDER 24 HRS 230-20-5406 Va HOURS 1 M 2 X F 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR tanes HIMOre RESIDENCE OF DECEDENT 10a STATE 10h COUNTY 10c CITY TOWN OR LOCATION. more 1 X YES 2 NO FUNERAL 10a, STREET AND NUMBER 10f. ZIP CODE WHAT COUNTRY? Ka 2/21. 11. MARITAL STATUS WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 Married IF YES, GIVE WAR OR DATES Black BΥ 3 Wildowed 4 Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comple Elementary/Secondary (0-12) College (1-4 or 5+) 124 notified at once. 17. FATHER'S NAME./First. Middle. Lest) 16. MOTHER'S NAME (First, Middle, Meiden Surr Ne Rencer BE 19a. INFORMANT'S NAME (Type/Print) 10h MAH ING ADDRESS (S 2 Md 21215 medical examiner must be 20s METHOD OF Commetton S Donastion 5 Other (Specify) 206. PLACE OF DISPOSITION 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac pr respiratory arrest, Approximate shock, Dr heart fellure. List only one couse Dn each line. Onset and Death IMMEDIATE CAUSE (Finel the disease or condition SEPSIS 10 days resulting in death) or Item 23 shows any Injury, or other traumatic event, DUE TO (OR AS A CONSEQUENCE OF): 10 day Preumonia PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF): cause. Enter UNDERLYING CAUSE (Disease Dr Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO CHF COMPLETION OF CAUSE OF DEATH? COPD, 1 TYES 2 NO 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) **EXAMINER?** OTHER: 1 YES 2 NO 1 Minpetient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 - Residence 6 - Other (Specify) 27. MANNER OF GEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED marked, 1 X Natural 5 Pending 1 YES 2 NO BY Investigation 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Sulcide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28 Is 6 Could not be determined COMPLETED 4 Homicide Item HOSPITAL OR I FUNERAL DIRE I WITHIN 72 hours 29a. CERTIFIER

\*\*Chark and CERTIFYING PHYSICIAN: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(a) and manner as stated. TO THE HOSPITA TO THE FUNERAL be filed within 72 IMPORTANT: # 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(s) and menner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIQNED (Month, Day, Year) BE خلسله TZALPH ALHALEL M.D 26/90 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) MALPH ALHALEL Caton 900 Ave Beltwere 21279 MD 31. DATE FILE MOND. DAY 1990 32. REGISTRAR'S SIGNATURE

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		1 - STATE REGISTRAR  1. DECEDENT'S NAME (First,	Middle, Last)		С	ERTIF	ICATE	OF D	EATH	2. DATE OF DEAT		YEAR 3.	TIME OF DEATH
		GEORGE	W.			EARSO	V			January		990	6:50 p. M
		4. SOCIAL SECURITY NUMB		5. SEX	6. AGE (In yrs. la	5000	IF UNDER		UNDER 24 HRS.	7. DATE OF BIRT	d pr)	Country)	CE (State or Foreign
		250-22-6		1 💢 M 2 🗆 F	67	YRS.				Dec. 26	, 1922	Sout	h Carolin
	~	9e. FACILITY NAME (If not in							OCATION OF	DEATH	9c. COUN	TY OF DEAT	н
	0	3203 GWY	nn Fal	ls Parkw	ay		Bal	timore	)				
	DIRECTOR	10a. STATE	10b. COUNT	Y		10c. CIT	Y, TOWN O	R LOCATION				100	I. INSIDE CITY
- 1	PE	Maryland				Ra	ltimo	re				10	LIMITS?  YES 2 NO
	A	10s. STREET AND NUMBER				1 100		101. ZIP	CODE		10g. CITIZ	EN OF WHAT	COUNTRY?
	FUNERAL	3203 Gwynn 1	Falls	Parkway				212	216		U.	S.A.	
	5	11. MARITAL STATUS		12. WAS DECEDER	NT EVER IN U.S. A			NAS DECEND	ENT OF HISP	ANIC ORIGIN? (Speci-	y Yea or No-		American Indian,
•	ВУ	1 Never Married 2 XX 3 Widowed 4 Divo			MAR OR DATES	NO		YES 2			~)		lack
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	PLE	Elementary/Secondary (0	F12)	College (1-4 or 5	+)			etired		Sparr	ows Poi	nt Ch	invard
nce.	COMPLET	17. FATHER'S NAME (First, M	iddle, Lest)		1 Dai	DOLCI	IX			IAME (First, Middle, M		ille Si	TDAGLA
# B		James Pears	on						Walci	e Gadson			
Med	) BE	19a. INFORMANT'S NAME (7			11	96. MAJLING	ADDRESS	(Street and N		Il Route Number, City of	r Town, State, Zip	Code)	
DO .	2	Sarah Pearso	on			3203	Gwyni	r Fall	s Par	kway, Bal	timore.	MD 2	1216
ă t		20a. METHOD OF DISPOSITE		novel from State	20b. PLACE	OF DISPO			y, cremetory o		c. LOCATION —		
Ē		4 Donation 5 Other	(Specify)		HAD	4743	5 11	PMO	RIAL I	PARK A	chit	SVY	d.
examiner must be notified at once.		21. SIGNATIONE OF FUNERA	L SERVICE LIC	CENSEE	/		22. Mis	A Chal	DORESS OF	Jones, Jr	Funer	THO	mo P A
ехап		Der	and l	idas	no 19	na	4	lO1 Ed	monds	on Avenue	. Balti	more.	MD 21229
or other traumatic event, the medical		23. PART I. Enter the di	lseeses, or	complications the	at coused the d	eath. Do							Approximate
E E		ahock, or h		List only one ca	use on each lin	a.	/	_					Interval Between Onset and Daeth
the the		disease or condition resulting in death)	<b>→</b>	· My	Carde	DI.	Mar	Clan	~				
vent		resulting in death)	•	DÚE TO	OR AS A CONSE	EQUENCE O	F):						
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E	CATION	Sequentially list conditi If any, leading to imme	diata	DUE TO	(OR AS A CONSE	EQUENCE O	F):						
er tr	2	cause. Enter UNDERLY! CAUSE (Disease or Inju		C	O (OR AS A CONSE		_						
ŧ.	RTIF	that initiated events resulting in death) LAS	т 📗	DUE IC	OH AS A CONSE	QUENCE O	r):						
	E E		-	d									
× 0		PART II. Other algnifica	ent condition	na contributing to	death but not	resulting	In the un	derlying ca	use given		S AN AUTOPSY		RE AUTOPSY FINDINGS MLABLE PRIOR TO
Injury, o	MEDICAL	1): ales	45								ES 2 NO	CO	MPLETION OF CAUSE DEATH?
amy Injury,	MEI										, ,		YES 2 NO
amy injury,													
shows any injury,	< □	25. WAS CASE REFERRED TO EXAMINER?	O MEDICAL	HOSPITAL:					OF DEATH (	Check only one)			
23 shows any injury,	5	1 YES 2 NO			☐ ER/Outpatient	3 DOA	OTHER		Rasidenc	6 Other (Specifi	)		
23 shows any injury,	YSICIAN	27, MANNER OF DEATH		28a. DATE O (Month,	F INJURY Day, Year)	20b. TH	JURY	28c. INJURY WORK?	ÁT	26d. DESCRIBE	IOW INJURY OCC	CURED	
or item 23 shows any injury,	PHYSICI						M		2   NO				
marked, or Item 23 shows any Injury,	BY PHYSICIA		Pending Investigation			ome, farm.	street, fact	ory, office		26f. LOCATION (S	treet and Number	or Rural Routi	
marked, or Item 23 shows any Injury,	ED BY PHY	2 Accident 3 Suicide g	Investigation Could not be	28e. PLACE ( building	of injury — At h			•		City or Town,	State)		Number,
28 is marked, or item 23 shows any injury,	ETED BY PHY	2 Accident 3 Suicide 8 Homicide	Investigation	28e. PLACE ( building	of Injury — At h					City or Town,	State)		Number,
28 is marked, or item 23 shows any injury,	ETED BY PHY	2 Accident 3 Suicide B  4 Homicide  29e. CERTIFIER (Check only	Investigation Could not be determined	building	), atc. (Specify) of my knowledge, d	leath occur		ime, data and		ua to the cause(a) an	Stele) d manner as stat	ed.	
28 is marked, or item 23 shows any injury,	ETED BY PHY	2 Accident 3 Suicide B  4 Homicide  29e. CERTIFIER (Check only	Investigation Could not be determined	building	), atc. (Specify) of my knowledge, d	leath occur		ime, data and			Stele) d manner as stat	ed.	
28 is marked, or item 23 shows any injury,	E COMPLETED BY PHY	2 Accident 3 Suicide B  4 Homicide  29e. CERTIFIER (Check only	Investigation Could not be determined  TIFYING PHYS ICAL EXAMINE	BICIAN: To the best of	), atc. (Specify) of my knowledge, d	leath occur		lms, data and plnion, death	occured at t	ue to the cause(a) an he time, date and pla UMBER	d manner as stat	ed. e cause(s) en	
marked, or item 23 shows any injury,	COMPLETED BY PHY	2 Accident 3 Suicide 8  4 Homicide  29e. CERTIFIER (Check only one) 2 MED	Investigation Could not be determined  TIFYING PHYS ICAL EXAMINE OF CRRTIFIE	BUILDING BICIAN: To the best of BER: On the basia of BER	, stc. (Specify)  of my knowledge, dexamination and/or	leath occurr r investigati	on, in my d	lms, data and plnion, death	occured at t	ue to the cause(a) an he time, date and pla UMBER	d manner as stat	ed. e cause(s) en	d manner as stated.

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Bruce JAN 26 1990 e

32. REGISTRAR'S SIGNATURE

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FOR STATE REGISTRAR	STATE OF MARYL		MENT OF HEAL		ENTAL HYGIENE REG. NO.		
1. DECEDENT'S NAME (First, Middle, Li Albert	125	olino, Sr			DATE OF DEATH MONTH 2 5	90°	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER  188-16-8443  9a. FACILITY NAME (If not institution, g	5. SEX 8. AGE	(In yrs. last birthday) YRS.		PIS MIN.	DATE OF BIRTH (Month, Day, Year) 10/24/23	Counti	insylvania
University Hos			Baltimo	10000	26	_	
	Itimore	10c. CITY,	Timoniun			01717511 05 1	10d. INSIDE CITY LIMITS? 1 YES 2X NO
230 E. Padonia			2	1093	,	USA	YNAT COUNTRY?
3 Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1X YES IF YES, GIVE WAR OR D	2 NO		Cuben, Maxican,	ORIGIN? (Specify Yea or N Puarto Rican, etc.)	14. RACI Black Spec	E — American Indian, k, white, atc. My: White
16. DECEDENT'S (Specify only highest of Elementary/Secondary (0-12)  17. FATNER'S NAME (First, Middle, Last)		life. Do NOT use	rk done during most of v	vorking	Motor Vel		dministration
Floringo Pa				Genei	(First, Middle, Melden Surn Osa E'Elia		
Lorraine C.	Paolino				ne Number, City or Town, St, Timonius		21093
20a. METHOD OF DISPOSITION 1 XBurial 2 Cremation 3 1 4 Donation 5 Dother (Specify)	Removal from State	other place)	rion (Name of cometery,			ON — City or To	wn, Stata Md. 21093
21. BIGNATURE OF SINERAL CONVICT	Wit Vari	ary	22. NAME AND AD	-Mitche	m II-Wiedefeld		via. 21033
23. PART I. Enter the diseases, shock, or heart felix IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	a. Acute DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE T	ech iine.	geno	2D	leuke		Approximate interval Between Onest and Death  Smouth  Week  4 Olacy  Smou
PART II. Other algoriticant condi-	failure	-	the underlying cau			7	. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO
25. WAS CASE REFERRED TO MEDICA EXAMINER?  1  VES 2 NO  27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investiget 3 Suicide 6 Could not	HOSPITAL: 1 Inpetient 2 ER/Out 28a. DATE OF INJURY (Month, Day, Year) 10a 28a. PLACE OF INJURY building, stc. (Spe	25b. TIME INJU	OTHER:    Nursing Home 5 OF 28c, INJURY WORK?   N	AT 2 NO			Route Number,
One) 2 MEDICAL EXA	HYSICIAN: To the best of my know		, in my opinion, death		the cause(s) and manner	is to the cause(	a) and manner as stated.  O (Month, Day, Year)
Kathemi	2 Thave	EATH (ITEM 27) (Type, F	D Z	36/	16	1/2	5/90
JAN 29 1990	32. REGISTRAR'S SIG		2 South	ovee	uest be	utin	uoce170

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HOSPITAL OR A	FUNERAL DIREC	within 72 hours	TANT: If Item
HE HOSPITAL OR A	HE FUNERAL DIRECT	ed within 72 hours	<b>ORTANT: If Item</b>
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or a	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for us	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

BALTIMORE, MARYLAND 21203-3146

	FOR	OTATE OF I	MADVIAND / DEDAG	T11FNT OF 1	EASTI AND		
	1 - STATE REGISTRAR	SIATE UF I	MARYLAND / DEPAR CERTIF	ICATE OF		MENIAL HYGIENE REG. NO.	
	1. DECEDENT'S NAME (First, Middle, Last)	Willia	am J. POSPIS	IL, SR.		2. DATE OF DEATH DAY January 26	. 1990
	4. SOCIAL SECURITY NUMBER 215-16-5948	5. SEX 1 M 2 F	6. AGE (In yrs. lest birthday)  (67) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Morith, Day, Year) JULY 19 190	12 /
ı	9e. FACILITY NAME (If not institution, give s	1/		11	OR LOCATION OF DI	EATH	9c. COUNTY

	1. DECEDENT'S NAME (First, Middle, Last)	W:11:	am J. PO	CDTC	TI 50			MO	TE OF DEATH		YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	MIIII 5. SEX	6. AGE (In yrs. ins		IE UNDER 1 Y	EAR	IF UNDER 24 HRS.		nuary 2	6, 1	990	4:30PM M  IPLACE (State or Foreign
	215-11-5948	1 M 2 D F	67	YRS.			HOURS MIN.	(Mc	onth. Day. Year)		Count	(y)
	9a. FACILITY NAME (If not institution, give s		01		9b. CNTY. TO	OWN OR	LOCATION OF	OF DEATH Sec COUNTY OF DEATH				
OR	FRANKLIN SOLIAR	E HOSPI-	TAL		[ ]		VILLE			Baltimore County		
5	RESIDENCE OF DECEDENT	T 40 - 015						Da	T. C. P. III			
DIRECTOR	MD BAL	1	ALTIMORE							10d. INSIDE CITY LIMITS? 1 YES 2 W NO		
FUNERAL	100. STREET AND NUMBER 1255 NEIGHB	ORS AVE	=			101. 2	2123	7			SA	WHAT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	1 Never Married 2 Married FORCES? 1 YES 2 NO					NDENT OF HISP Hy Cuben, Mexi NO Spec	can, Puer	GIN? (Specify Yee to Ricen, etc.)	or No—	Spec	E — American Indien, k, White, etc. IITE
	15. DECEDENT'S EDU	CATION	16a. DE	CEDENT'S	USUAL OCCI	JPATION		1	6b. KIND OF BUS	INESS/INC		1176
COMPLETED	(Specify only highest grade	College (1-4 or 5	(G	ilve kind of Do NOT u	work done duri ise retired.)	PEC	of worlding		BETHL			TERL
NO	17. FATHER'S NAME (First, Middle, Last)					_			I. Middle, Maiden			1000
	JOSEPH POSPISIL						ANAT	rasi		-012K		
) BE	190. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRESS (S	treet and	Number or Rura	I Route N	imber, City or Town			
5	WILLIAM J. POSPISIL, JR. MO. 21237											
	20e METHOD OF DISPOSITION  1  Burlel 2  Cremation 3  Rem  4  Donation 5  Other (Specify)	oval from State	other pi	OF DISPO	FORE!	of come	tery, cremetory o		20c LO	CATION -	M	LS. Mb.
	21. SIGNATUME OF FUNERAL SERVICE LIC	CENSER	KSIIIKI	10010	22. NA	ME AND	ADDRESS OF	FACILITY,	FUNCRAL			alc.
	hair X-	1663	2		CV	NCH			E. , RAL			
	23. PART I. Enter the diseases, dr	omplications the	ru It caused the de	eath. Do	not enter th	e mod	HESAC					Approximate
	shock, or heart fellure.	List only one cer	use on each line	ð.			o Dr uymg, o	2011 00 0	arolac or resp.	etory or	1001,	intervel Between Onset end Deeth
	disease or condition										Olisat and Seath	
	e. Acute Myocardial Interction  Due to (on as a consequence of):											
NO.	Sequentially list conditions, if any, leading to immediate Due TO (OR AS A CONSEQUENCE OF):											
CA	ceuse. Enter UNDERLYING CAUSE (Disease or Injury											
CERTIFICATION	that initiated events resulting in death) LAST	DUE TO	(OR AS A CONSE	OUENCE C	OF):							
	PART II. Other significant condition		doubt but not		le the west				24a, WAS AN			
MEDICAL		heroscle							PERFOR		248	MAILABLE PRIOR TO COMPLETION OF CAUSE
ED	A	Heroscie	TOUTE C	arur	Jvascu	lai	DISCAS		1 TYES 2	Ŭ,NO		DF DEATH?
												1 YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL					24 DI A	CE OF DEATH	Check ont	Anni Anni			
PHYSICIAN:	EXAMINER?	HOSPITAL:	☐ ER/Outpatient :	1 DOA	OTHER:							
HX	27. MANNER OF DEATH	28a. DATE OF	FINJURY	28b, TH	ME OF 26	c. INJU	5 Residenc		DESCRIBE HOW I	NJURY OC	CURED	
	1) Netural 5 Pending Investigation	(Month, I	Day, Year)	IN	JURY M	WOR 1 YE	K? S 2 NO	1.00				
ED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE ( building	OF INJURY — At he, etc. (Specify)	ome, ferm,	street, fectory	, office		261. L	OCATION (Street of City or Town, State)	end Numbe	r or Rural	Route Number,
LET	290. CERTIFIER											
COMPLET	(Check only one)  1 CERTIFYING PHYS  2 MEDICAL EXAMINE											e) and manner on stated
				- C	Control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the contro				and prace, en			
BE	296. SIGNATURE AND TUTENOF CERTIPLE	Y	repro	11	01		29c. LICENSE N	UMBER		29d. DAT	E SIGNEI	(Month, Day Year)
2	30. NAME AND ADDRESS OF PERSON WH	D COMPNETED CAL	SE OF DEATH OTE	M 27) (7m	e Print)	1					10	10/10

9000 Franklin Square Drive

Dr. M. Marshall, M.D.

31. DATE FILED THOMPS, Day, 16er)

JAN 29 1990

July Davidson Rondon

DHMH-16 Rev 1/89

3. TIME OF DEATH

07:00 pm

90

Approximate interval Between

Onset and Death

24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE

21122

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5	S S	Af	de
3	E	OR	ther
5	A	ECI	R
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	8	S.	hos
	M	AL	R
	E HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page	E FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral dir	within 72 hours after death with the State Deot. of Health and Mental Hydiene prior to burial, cremation, or removal.
	H	E	- with

2

KRISHWAN

JAN 29 1990

MARYLAND 21203-3146

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

Vincent DeCoursey Pearre

1 -

		5. SEX 6. AGE	(In yrs. lest birthdey) 73 YRS.	IF UNDER		IF UNDER 24 HRS. HOURS MIN.	7. DATE OF (Month, D) 3/22		Country	vland
TOR	96. FACILITY NAME (If not institution, give stre  Liberty Medica  RESIDENCE OF DECEDENT	,				nore	EATH	9c. CC	OUNTY OF DE	
DIRECTOR	MD 106. COUNTY			alti		-1.			- 1	10d. INSIDE CITY LIMITS? 1 [X YES 2   NO
RAL										HAT COUNTRY?
BY FUNERAL		12. WAS DECEDENT EVER I FORCES? 1 TYES IF YES, GIVE WAR OR D	11	AS DECE		an, Puerto Rice	Specify Yee or No— in, atc.)	Black, Specify	- American Indian, White, stc.	
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of life, Do NOT						NDUSTRY	
E COM	unknown truck driver transportation  17. FATHER'S NAME (First, Middle, Leat)  William H. Pearre  Levina Lee DeCoursey									
TO BE	19e. INFORMANT'S NAME (Type/Print)					d Number or Rura	Route Number,	City or Town, State,	Zip Code)	-40
	Lee Mendenill:  20e. METHOD OF DISPOSITION 1   Burlet 20 Remove 4   Donation 5   Other (Specify)	20	160 b. PLACE OF DISPO other place) Greenmo	SITION (Ner	ne of ceme	etery, cremetory or		pster, 20c. LOCATION Balti	- City or Tow	vn, State
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE?  Bradley-Ashton Funeral Home, Inc. 2134 Willow Spring Rd/Balto. MD 2									
	shock, or heart failure. Li	INFECTI	ED SA	CRA	rL	DEC	0517	rus	arrest,	Approximate interval Betwee Onset and Dec
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):									
MEDICAL	MEDIASTINAL ADENDRATHY PERFORMED?  1 YES 2 NO OF DI							WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO		
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   VES 2   NO	HOSPITAL:	Instinct 3   DOA	OTHER	P;	ACE OF DEATH (C		Procedura		
BY PHYSI	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. Ti	ME OF YJURY M	28c. tNJU WOF 1 Y	IRY AT RK? ES 2 NO	_	RIBE HOW INJURY	OCCURED	
0	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJUR building, etc. (Spi	ecify)				City or	ION (Street and Num Town, State)		oute Number,
COMPLETE	(Check only one) 1 (PCERTIFYING PHYSIC one) 2 MEDICAL EXAMINER	IAN: To the best of my know: On the beele of examination								and manner as stated
BE (	296. SIGNATURE AND TITLE OF CERTIFIER	· A	) AH	tend	ino	29c. LICENSE N	O A 7	29d. C		(Month, Day, Year) 23 - 90

July Davidson Bandall

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

2. DATE OF DEATH

N-EUTAW ST #308 BALTIMORE 2/20

24

**DHMH-18 Rev 1/89** 

66, BELDMORE, MARYLAND 21203-3146	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2s froms are death. Pie 6 may be retained by the hospital or attending physic	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
X 131	be execute	an and c	umatic
. BO)	rtificate b	g physici iene prio	ther tra
P.0	death cei	attendin	ry, or 0
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	that the (	ed by the	amy inju
RECC	w requires	been sign st. of Heal	Shows
TAL	N: The lan	State Dep	Item 23
OF V	PHYSICIA	this certif	ked, or
NO	SNDING F	R: After 1	ls mar
SIVIS	OR ATTE	DIRECTO Hours after	item 28
u	TO THE HOSPITAL	TO THE FUNERAL be filed within 72 h	IMPORTANT: If I

burial-transit permit. Pages 1, 2, 3 should

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH
REG NO.

1. DECEDENT'S NAME (First, Middle, Lest)					DEATH		REG. NO.			
	Gertrude	Anna	RO	DDGERS		2. DATE OF MONTH Januar		. 199	YEAR	5:15 P
4. SOCIAL SECURITY NUMBER	5. SEX 6. AI	GE (In yrs. last	birthday) If	UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF (Month, D	BIRTH ev. Year)	_ '	Country)	LACE (State or Foreign
215-24-0427  Ba. FACILITY NAME (If not institution, give		94		OCTY TOWN	OR LOCATION OF D		/189	9c, COUNT		ginia
Franklin Squa	,	Baltimore County								
RESIDENCE OF DECEDENT										
MD Ba	Baltimore 10c. CITY, TOWN OR LOCATION									IOd. INSIDE CITY LIMITS?  1 YES 2 NO
10e. STREET AND NUMBER 10f. ZIP CODE								10g. CITIZI		IAT COUNTRY?
6539 St. Held	ena Avenue	3			21222				USA	
11. MARITAL STATUS  1 Never Merried 2 Merried FORCES? 1 YES 2X NO IF YES, GIVE WAR OR DATES				13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yee or No- 14. RACE					American Indian, White, etc. White	
15. DECEDENT'S EDI (Specify only highest grad	UCATION le completed)			UAL OCCUPAT		16b. Ki	ND OF BUSI	INESS/INDU	STRY	
Elementary/Secondary (0-12)	College (1-4 or 6+)	ille.	Do NOT use n	itired.)	not or working		Otin	hom	0	
17. FATHER'S NAME (First, Middle, Last)	1		home	makei	18. MOTHER'S NA	MAE (El-) 1414	-		-	
Sidney Shear							zie, weiden s	sumeme)		
19a. INFORMANT'S NAME (Type/Print)		196	MAILING AD	ORESS (Street	unknov		City or Town	Statu Zin (	Codel	
John M. Rodger	cs				vay/Balt				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
20s. METHOD OF DISPOSITION 44. Burlel 2 Cremation 3 Rer 4 Donation S Other (Specify)	moval from State	20b. PLACE (	OF DISPOSITI	ON (Name of o	emetery, crematory or al Gard		20c. LOC	ATION — C		
21. SIGNATURE OF FUNERAL SERVICE L	кумпре)	DCI	ALL I	22. NAME /	AND ADDRESS OF FA	CILITY				
· Willing	kh_			Brac 2134	lley-Ast Willow	ton I	Funer	ral I	Home	inc. MD 21
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  Pneumonia  Due to (or as a consequence of):  Urinary Tract Infection  Due to (or as a consequence of):  Anemia  Due to (or as a consequence of):  Anemia  Due to (or as a consequence of):  Anemia  Due to (or as a consequence of):										
PART II. Other significant condition			esulting in	the underlyl	ng ceuse given in		PERFORI	MEO?		WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUSI OF DEATH?
						_			- 1	1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL				26,	PLACE OF DEATH (C	heck only one)				
EXAMINER?	HOSPITAL:	Outpatient 3		THER:	me 5 Residence	6 Other (S	Specify)			
	28e. DATE OF INJU (Month, Day, Ye		28b. TIME C	Y V	JURY AT YORK? YES 2 NO	28d. DESCR	RIBE HOW IN	IJURY OCC	URED	
27. MANNER OF DEATN  1 Natural 5 Pending	2 Accident Investigation 3 Suicide 8 Could not be 26. PLACE OF INJURY — At home, farm, street, fectory, office building, etc. (Socotiv)  281. LOCATION (Street and Number or Rural Route Number of Rural Route Number or Rural Route Number or Rural Route Number or Rural Route Number or Rural Route Number or Rural Route Number or Rural Route Number or Rural Route Number or Rural Route Number or Rural Route Number or Rural Route Number or Rural Route Number or Rural Route Number or Rural Route Number or Rural Route Number or Rural Route Number or Rural Route Number or Rural Route Number or Rural Route Number or Rural Route Number or Rural Route Number or Rural Route Number or Rural Route Number or Rural Route Number or Rural Route Number or Rural Route Number or Rural Route Number or Rural Route Number or Rural Route Number or Rural Route Number or Rural Route Number or Rural Route Number or Rural Route Number or Rural Route Number or Rural Route Number or Rural Route Number or Rural Route Number or Rural Route Number or Rural Route Number or Rural Route Number or Rural Route Number or Rural Route Number or Rural Route Number or Rural Route Number or Rural Route Number or Rural Route Number or Rural Route Number or Rural Route Number or Rural Route Number or Rural Route Number or Rural Route Number or Rural Route Number or Rural Route Number or Rural Route Number or Rural Route Number or Rural Route Number or Rural Route Number or Rural Route Number or Rural Route Number or Rural Route Number or Rural Route Number or Rural Route Number or Rural Route Number or Rural Route Number or Rural Route Number or Rural Route Number or Rural Route Number or Rural Route Number or Rural Route Number or Rural Route Number or Rural Route Number or Rural Route Number or Rural Route Number or Rural Route Number or Rural Route Number or Rural Route Number or Rural Route Number or Rural Route Number or Rural Route Number or Rural Route Number or Rural Route Number or Rural Route Number or Rural Route Number or Rural Route Number or Rur						ute Number,			
1 Natural 5 Pending 2 Accident Investigation	26e. PLACE OF INJ					Only or				
1 Natural 5 Pending Investigation 3 Suicide 8 Could not be determined 29e. CERTIFIER Check only 1 CERTIFYINO PHY:	26e. PLACE OF INJ	(Specify)				e to the cause	(e) end man			and manner as stated
1 Natural 2 Accident 3 Suicide 8 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMIN 29b. SIGNATURE AND TITLE OF CERTIFIE	26e. PLACE OF INJ building, etc. ( SICIAN: To the best of my k IER: On the basis of examin	inowledge, declared on the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the stat	nvestigation,	in my opinion,		e to the cause a time, date an	(e) end man	d due to the	cause(e)	Month, Day, Year)
1 Natural 2   Pending Investigation 3   Suicide 4   Homicide 8   Could not be determined 200. CERTIFIER (Check only 2   MEDICAL EXAMIN 200. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WE BERNARD OPPO	SICIAN: To the best of my k HER: On the basis of examin	inowledge, declared on the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the stat	nvestigation,	in my opinion,	death occured at the	e to the cause a time, date an	(e) end man	29d. DATE	cause(e)	Month, Day, Year)
1 Natural 5 Pending Investigation 3 Suicide 8 Could not be determined 29e. CERTIFIER (Check anly one) 2 MEDICAL EXAMIN 29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON W	SICIAN: To the best of my k HER: On the basis of examine HER B. OF P. HOCOMPLETED CAUSE OF	inowledge, de lation end/or i	1 27) (Type, Pr	in my opinion,	death occured at the 29c. LICENSE NU	e to the cause a time, date an	(e) end man	29d. DATE	SIGNED (	Month, Day, Year)

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - STATE REGISTRAR	SIMIL OF II	IMILITA	CERTIF			EATH	WIENIA	REG. NO.			
1. DECEDENT'S NAME (First, Middle, Last			_				2. DATE	OF DEATH	v	YEAR	3. TIME OF DEATH
Mo	oses	L.	Sm.	ith,	Jr			24-90		TEAR	5:45PM M
4. SOCIAL SECURITY NUMBER 214-26-2975	5. SEX 1 [X] M 2 □ F	8. AGE (In	7 yrs. last birthday)	MONTHS I		F UNDER 24 HRS. OURS MIN.	(Mont	OF BIRTH th, Day, Year) 1-1932		8. BIRTI Count	Md
9a. FACILITY NAME (If not institution, give Coppin College-		n Ave	nue			nore Ci			9c. COL	INTY OF E	DEATH
RESIDENCE OF DECEDENT  10e, STATE 10b, COUN	nry .		10c. CIT	Y, TOWN OR	LOCATION	4					10d. INSIDE CITY
Md				timore	2						YES 2 NO
2858 W. Lanvale	e Street					21216			10000	S A	WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 XXMarried 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES	2 NO	11/3		DENT OF HISPAI by Cuben, Mexico XXNO Specif	in, Puerto		or No—	14, RACI Blac Spec	E — American Indian, k, White, etc. Illy: Black
15, DECEDENT'S Et (Specify only highest gra Elementery/Secondary (0-12)	DUCATION ide completed)  College (1-4 or 6 -	_	16a, DECEDENT'S (Give kind of silfe. Do NOT us	USUAL OCC work done du se retired.)	CUPATION ring most o	of working	161	b. KIND OF BUS	SINESS/IN	DUSTRY	
17. FATHER'S NAME (First, Middle, Lest) MOSES L. Smith	ı, Sr				10	Cleo R			Surname)		
190. INFORMANT'S NAME (Typo/Print) Hilda M. Smith	1		19b. MAILING 28 t	ADDRESS (	Street and Lanv	Number or Rural /ale St	Route Num reet	Balt	n, State, Zi O , Md	212	16
20e. METHOD OF DISPOSITION  V Burlel 2 Cremation 3 Re 4 Donation 5 Other (Specify)	movel from State		PLACE OF DISPOS other place)							City or To	own, State
21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	rcl		22. N	AME AND	ADDRESS OF FA					,
IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b	(OR AS A	CONSEQUENCE O	f): f):	vascı	ular di	seas	e			Onset and Death
PART II. Other eignificant conditi	one contributing to	death bu	ut not resulting	In the und	ertying o	cause given in	Part I,	24a. WAS AN PERFOR	RMED?	7 24	N. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? XX YES 2 \( \triangle \) NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER:		E OF DEATH (C			COT	N.T.	
27. MANNER OF DEATH  XXXNetural 5 Pending	28s. DATE OF	INJURY	etient 3 L DOA 26b. Tile IN.		8c. INJUR WORK			er (Specify) ESCRIBE HOW I	SCE		
2 Accident Investigatio 3 Suicide 6 Could not t 4 Homicide determined	28e. PLACE (	OF INJURY, atc. (Speci	— At home, farm,	street, factor				CATION (Street y or Town, State)		er or Rural	Route Number,
Contacts their	YSICIAN: To the best of a										e) end manner se stated.
29b. Silving and the Committee	WER				2	OCME	MBER		29d. DA		D (Month, Day, Year) 5—90
James Kaplan, M		SE OF DEA			Stree	et,Balt	imor	e,MD 2	1201		V
31. DATE JAN 2 9 1990	gula David	H'S SIG	SHEAD								

Rending physician. Se as the bunal-transit permit, Pages 1, 2, 3 should

TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within z-mours after death. Page 6 may be refained by TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.

IMPORTANT. If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DHMH-16 Rav 1/89

11.5

si examiner must be notified at once.	TO BE COMPLETED BY FUNERAL DIRECTOR
IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medica	O RE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

STATE OF MARYLAND / DEPARTMENT	OF HEALTH AND MENTAL	HYGIENE
CERTIFICATI	OF DEATH	REG. NO.

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFIC	MENT OF HE	ALTH AND M	IENTAL HYGIENI REG. NO.	Ē	30 01702			
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF OEATH MONTH DA		3. TIME OF DEATH			
1	Myrtle M. Stein	wedel				1 2		0 619p M			
	4. SOCIAL SECURITY NUMBER				IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8,1	BIRTHPLACE (State or Foreign Country)			
	217-40-0018	1 🗆 M 2 💢 F	86 YAS.		177	3-14-03		Maryland			
~	9a. FACILITY NAME (If not institution, give a		91	L CITY, TOWN OR			9c. COUNTY	OF OEATH			
DIRECTOR	Jenkins Memoria	l Home		Balti	lmore Ci	ty					
EC	10a. STATE 10b. COUNT	Y	10c. CITY, T	OWN OR LOCATION	N			10d. INSIDE CITY LIMITS?			
PHO	Maryland Ba	altimore	Ca	tonsvill	Le			1 YES 2 X NO			
AL	10e. STREET AND NUMBER		·	101. 2	TIP CODE		10g. CITIZEN	OF WHAT COUNTRY?			
FUNERAL	1010 Southridge	Road			21228		U.S.	.A.			
5	11. MARITAL STATUS	12. WAS DECEDENT EVER I	N U.S. ARMED			C ORIGIN? (Specify Yea , Puerto Rican, etc.)	or No 14.	RACE — American Indian, Black, White, atc.			
BY	1 Never Married 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE WAR OR D		1 TYES 2	XNO Specify:	,	- 15	Specify:			
	15. DECEDENT'S EDU	CATION	16a, DECEDENT'S US	UAL OCCUPATION		16b, KIND OF BUS	INESS/INDUST	White			
E	(Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5 +)	(Give kind of work life. Do NOT use n	done during most i	of working			-			
7	Grammar	0011000 (1-1 01 0 1)	Office	coordina	ator	St. Vin	ncent I	DePaul_Society			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		100000000000000000000000000000000000000			NE (First, Middle, Maiden					
BE C	John W. Trogler				Mary Tr	ibel					
10	19e. INFORMANT'S NAME (Type/Print)		19b. MAJLING AD	ODRESS (Street and	Number or Rural A	oute Number, City or Town	, State, Zip Coo	de)			
-	William H. Stei					Baltimore					
	20s. METHOO OF DISPOSITION  1 Description 2 Cremetion 3 Here	noval from State	b. PLACE OF DISPOSITI other place)		,.			or Town, State			
ė,	4 Donation 5 Other (Specify)	ICENICEE .	Loudon Pa		ADDRESS OF FAC		ltimore	e, MD			
13	21. SIGNATURE OF PURIOUS SERVICE ES	- (V)	00			1 Home, I	nc.				
	- Jeus L	1	7			ve. Balt:					
	23. PART I. Enter the diseases, or shock, or heart failure.	complications that cause. List only one cause on	d the death. Do not	enter the mode	of dying, such	as cardiac or reapi	ratory arrest	, Approximata Interval Between			
- 1	IMMEDIATE CAUSE (Finel							Onset and Death			
	disease or condition resulting in death)	· multe	-strok	ce des	ease			4,000			
	disease or condition a. Multi-stroke disease  DUE TO (OR AS A CONSEQUENCE OF):  Sequentially list conditions,  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):										
0 0	Sequantially list conditions,	Sequentially list conditions, If any, leading to immediate  b. Due to (or as a consequence of):									
A	cause. Enter UNDERLYING										
Ĕ	CAUSE (Disease or injury that initiated eventa	OUE TO (OR AS	A CONSEQUENCE OF):								
CERTIFICATION	resulting in death) LAST	d									
	PART II. Other algorificant condition	ns contributing to death	but not resulting in	the underlying (	cause given in i	Part I. 24e, WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS			
CAL					•	PERFOR		AMILABLE PRIOR TO COMPLETION OF CAUSE			
						1 □ YES 2	mo	OF DEATH?			
Σ.						_		15.120 25.10			
PHYSICIAN: MEDI	25. WAS CASE REFERRED TO MEDICAL			26. PLA	CE OF DEATH (Che	ck only one)					
Sic	EXAMINER?	HOSPITAL: 1   Inpetient 2   ER/Out		THER:	5 - Residence	6 Other (Specify)					
	27, MANNER DF OEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME (		RY AT	28d. DESCRIBE HOW I	NJURY OCCUR	EO			
ВУ	1 Natural 5 Pending 2 Accident Investigation	100000000000000000000000000000000000000			S 2 NO						
ED E	3 Suicide 8 Could not be	28e. PLACE OF INJUR building, etc. (Sp	Y — At home, farm, streecify)	et, factory, office		281. LOCATION (Street : City or Town, State)	and Number or i	Rural Route Number,			
ETE	4 Homicide determined										
29a. CERTIFIER (Check drily one)  1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.  2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner.											
One) 2 MEDICAL EXAMINER: On the bests of examination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(s) and manner as											
BE C	296. SUGMETURE AND TITLE OF CERTIFU	2000		1	29c. LICENSE NUN			IGNED (Month, Day, Year)			
TO B	Jaurana	1200	oarly		0017	186	1-1	27-90			
-	30. NAME AND ADDRESS OF PERSON W										
	Laurence Gallage		St. Agnes	Med. Ce	nter	Baltimore,	Md.	21229			
	31. DATE FILED (MONTH), 01990	July Day door - 1	SHOUL STATE								

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pital or attending physician. ed for use as the burial-transit permit. Pages 1, 2, 3 should BALTIMORE, MARYLAND 21203-3146 TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours fet TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in b the be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remeas IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical DIVISION OF VITAL RECORDS, P.O. BOX 13146,

IN ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours for death. Page 6 may be retained by the host	IRECTOR: After this certificate has been signed by the attending physician and completely filled in b, the uneral director, page 5 should be detache		the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s
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	FOR		STATE OF N	ARYLAND /	DEPART	MENT OF H	IEALTH AND I	MENTAL	HYGIEN	F I	7	0 0178	
	1 - STATE REGISTRAR					CATE OF			REG. NO.				
	1. DECEDENT'S NAME (First	t, Middle, Last)						2. DATE O			:	3. TIME OF DEATH	
	BENNIE  4. SOCIAL SECURITY NUMBER		ymond 5. SEX	SIMS	at blint days	IF UNDER 1 YEAR	IF UNDER 24 HRS.	Janua	ary 20	, 199		9:10 P. M	
	235-32-64	79	1 X M 2 - F	65		ONTHS DAYS	HOURS MIN.	(Month,	(Month, Dey, Year) Country) March 22,1924 West Virginia				
_	Se. FACILITY NAME (If not in	nstitution, give stre	set end number)			b. CITY, TOWN	OR LOCATION OF DE	EATH		9c. COUNTY	OF DE	ATH	
DIRECTOR	Memorial H	CEDENT	L			Cuml	erland	-		Alle	gany	7	
SR	10a. STATE WV	Mine	ra1			town or Loca yser	TION					IOd. INSIDE CITY LIMITS?  VYES 2 NO	
	10e. STREET AND NUMBER						. ZIP CODE			10a. CITIZEI		IAT COUNTRY?	
E E	370 Grand Avenue					"	26726			USA			
FUNERAL	11. MARITAL STATUS	riveriae	12. WAS DECEDEN	T EVER IN U.S. AF	RMED	13 WAS DEC	ENDENT OF HISPAN	IIC OBIGINS	(Specify Yea			- American Indian.	
	1 X Never Merried 2	Merried		YES 2		If yee, ap	ecify Cuben, Mexice	n, Puerto Ri		00	Black, Specify	White, etc.	
B	3 Widowed 4 Divo	preed		VII		1 1 168	2 NO Specify	y.				ite	
	15. DEC	CEDENT'S EDUCA	ATION (CONTROLLED	16a, DI	ECEDENT'S U	SUAL OCCUPATION And Author Michael Michael Michael Michael Michael Michael Michael Michael Michael Michael Michael Michael Michael Michael Michael Michael Michael Michael Michael Michael Michael Michael Michael Michael Mi	ON of wasting	16b. I	KIND OF BUS	INESS/INDUS	_		
COMPLET	Elementary/Secondary (6		College (1-4 or 8	1160	Do NOT use	retired.)	ist or working						
4	12th		4	Su	pervi	sor			USGV'	P			
Ö	17. FATHER'S NAME (First, M	Aiddle, Last)					18. MOTHER'S NA	ME (First, Mi	iddle, Malden	Surneme)			
ш	Robert Beni	nie Sim	າຣ				Julia	M. 0	'Lear	У			
10 8	19a. INFORMANT'S NAME (	Type/Print)	- 14	19	b. MAILING A	DDRESS (Street	and Number or Rural I	Route Numbe	or, City or Town	n, Stete, Zip Co	ode)		
۴	Julia M. S	ims		3	370 Gr	and Vie	w Avenue	, Key	ser, I	WV 267	26		
20s. METHOD OF DISPOSITION 20s. PLACE OF DISPOSITION (Name of computory or company or 20s. I COATION City of Town State										n, State			
4⊕ Donation 6 □ Other (Specify) Queens Point Cemetery Keyser, WV													
21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  Markwood McKenzie Funeral Home  111 S. Mineral St. Keyser, WV 267									mo				
									726				
CATION	23. PART I. Enter the dahook, or h IMMEDIATE CAUSE (Fit disease or condition resulting in death)  Sequentially list condit if any, leading to imme	neart feilure. L	let only one car	OR AS A CONSE	OUENCE OF	VAR	Y FR	13/10	205			Approximete Interval Batween Onset and Death	
3	cause. Enter UNDERLY CAUSE (Disease or Inju	ING	/	TYP	DE	6/1	//						
RTIF	that initiated events		DUE TO	(OFFICE A CONSE	OUENCE OF		-mi	7				17/10/2	
LU II	resulting in death) LAS	or La		THE C	25	SCHI	5/ /11						
PHYSICIAN: MEDICAL C	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pa							Part i.	24e. WAS AN PERFOR 1 YES 2			WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2	
8	25. WAS CASE REFERRED EXAMINER?	MEDICAL					LACE OF DEATH (Ch	eck only one	)				
š	1 YES 2 NO		HOSPITAL:	ER/Outpatient	3 DOA	OTHER:        Nursing Hor	ne 5 🗆 Residence	8 🗆 Other	(Specify)				
E	27. MANNER OF DEATH		28e. DATE Of (Month, I	F INJURY Day, Year)	28b. TIME	OF 28c. IN	JURY AT	28d, DE\$0	CRIBE HOW I	NJURY OCCU	RED		
84	1 Natural 5 2 Accident	Pending investigation					YES 2 NO						
	2 Accident 3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — At home, farm building, etc. (Specify)					reet, factory, offi	De .	28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
COMPLETED			Charles and Charles				s end place, and due death occured at the					end menner ee stated,	
1	29b. SIGNATURE AND TITLE	E OF CERTIFIER	162				29c, LICENSE NUI	760	7	2945. DATE 1	Janes Contract	4/90	
٥	30. MARIE AND ADDITESS O						WIT .			1	1	/ 1-	
			<u>lemorial</u>	Hospita	a1, C	umber1a	and, MD	21502	2				
	JAN 2, 9 10	990 4	12 BEGISTA	AR'S CHNATURE	L								

1 - FOR STATE REGISTRAR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO.

REGISTRAR		CERTIFIC	ATE OF	DEATH	REG. NO	).				
1. OECEOENT'S NAME (First, Middle, Last					2. DATE OF DEATH	AY Y	3. TIME OF DEATH			
	arles I	Saar			Januar		990 0725 "			
4. SOCIAL SECURITY NUMBER	1 (M M 2   F	49 YRS. MO	NTHE DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	10	BIRTHPLACE (State or Foreign Country)			
Shady Grove Advented Hespital Packville Md Bockville Md.										
10a. STATE 10b. COUN Pennsylvania	M Allegheny		sburg!				10d. INSIDE CITY LIMITS? 1 YES 2 NO			
100. STREET AND NUMBER 110 Butler St	reet	•		ZIP CODE		US A	OF WHAT COUNTRY?			
11. MARITAL STATUS  1 Never Merried 2 Merried  3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES	If yes, spe		NIC ORIGIN? (Specify Yen, Puerto Rican, etc.)	e or No- 14.	RACE — American Indian, Black, White, etc.				
15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)	te completed)	16a. DECEDENT'S USE (Give kind of work life. Do NOT use re	done during mos	one during most of working						
12	College (1-4 or 8+)	Surveyo	r			te Fi	rm			
17. FATHER'S NAME (First, Middle, Last) Charles Saar					ME (First, Middle, Meider nette Bo					
190. INFORMANT'S NAME (Type/Print) Patricia Saar			as #10		Route Number, City or Tov	vn, State, Zip Co	ide)			
20s, METHOD OF DISPOSITION 120 Burlel 2 Cremetion 3 Re	moval from State	0b. PLACE OF DISPOSITION Other place)	ON (Name of cem	(Name of cametery, cremetery or 20c. LOCATION — City or Town, State						
4 Donation 6 Other (Specify)	Maria Inc.	North Si	V		The second second	Ros	ss, Tshp			
21. SIGNATURE OF FUNERAL SERVICE L	h .		Ives-		n Funera					
IMMEDIATE CAUSE (Final disease or condition resulting in death)  Onset and Death  Out to (or as a consequence of):  Out to (or as a consequence of):  Out to (or as a consequence of):  Out to (or as a consequence of):  Out to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):										
that initiated events resulting in death) LAST										
PART II. Other algolificant condition	PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I.  24a. WAS AN AUTOPSY PROPRIED?  1 YES 2 NO  24b. WERE AUTOPSY FINDINGS ANALABLE PRIOR TO COMPLETION DE CAUSE OF DEATH?  1 YES 2 NO									
25. WAS CASE REFERRED TO MEDICAL			26. PL	ACE OF DEATH (Ch	eck only one)					
EXAMINER?  1 YES 2 NO	HOSPITAL:		THER:	6 - Residence	6 Other (Specify)					
27. MANNER OF DEATH  1 Natural 6 Pending Investigation	26a. DATE OF INJURY (Month, Day, Year)		WO		28d. DESCRIBE HOW	INJURY OCCUR	RED			
2 Accident 3 Suicide 4 Homicide 2 Certifier (Check only one) 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and ma							Rural Route Number,			
	SICIAN: To the best of my knows						succ(s) and manner as stated.			
29b. SIGNATURE AND TITLE OF CERTIFI	ER Qu	~~~~		DOS-	MBER	29d. DATE S	IGNED (Month, Day, Year)			
30. NAME AND ADDRESS OF PERSON W	THO COMPLETED CAUSE OF E		-	2.42	( b A 6 5	- 6	2.77			
31. DATE FILEO (Month, Day, Year)		ONATURE -	9 2013	20.05	in Ac	,	Ed In			
JAN 2.9 199	10 Julie Build	Andre Gon Andre								

should be detached for use as the burial-transit permit. Pages 1, 2, 3 should ained by the hospital or attending physician. MARYLAND 21203-3146 TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within zw nours after death. PA TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be neutified at once.

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detached for use as the burial-transit permit. Pages 1, 2, 3 should

by the hospital or attending physician.

1	-	FOR STATE REGISTR	AF
į	1. D	ECEDENT'S	N/

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTI	FICATE	OF DEATH	Į.	REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)		7.			2. DATE OF	DEATH	y yı	FAO	TIME OF OEATH	
		WARD	ROL	AND	SMITH	1-2	25-90		1	0:49AM M	
j	4. SOCIAL SECURITY NUMBER 214-34-7858	5. SEX 6. AC	SE (In yrs. lest birthde) 56 YRS.		YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF (Month, D) 1/22		6.	BIRTHPLA Country)	CE (State or Foreign MD	
	9a. FACILITY NAME (If not institution, give str	set and number)		96. CITY, 1	OWN OR LOCATION OF	DEATH		9c. COUNTY	OF OEATH	1	
DIRECTOR	Disharoon Road			S	now Hill			Worce	ster	County	
REC	10e. STATE 10b. COUNTY		10c. C	ITY, TOWN OR					10d	I. INSIDE CITY LIMITS?	
ā	2.230	cester		Girdl	etree				X	YES 2 NO	
FUNERAL	6709 Cherrix Ro		101. ZIP CODE 109, CITIZEN OF WHAT COUNTY USA USA					COUNTRY?			
5	11. MARITAL STATUS	12. WAS DECEDENT EVE FORCES? 1 X Y							RACE -	American Indian,	
₩ M	1 Never Married 2 Merried 3 XWidowed 4 Divorced	IF YES, GIVE WAR OF								,	
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of	ATION completed)	16a. DECEDENT	'S USUAL OCC	CUPATION	16b. KI	ND OF BUS	INESS/INDUS	TRY		
	Elementary/Secondary (0-12)	College (1-4 or 5+)			ring most of working						
MP	12 yrs.		Timb	erman			Lumbe	r			
8	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S N						
BE	Otis Smith			_		ah Lit					
2	19a. INFORMANT'S NAME (Type/Print)	1			Street and Number or Flura					0.0	
51	Edward Francis S					Girdle			2182		
200	20a. METHOD OF DISPOSITION t DBuriel 2 Cremation 3 Remo		20b. PLACE OF DISF other place)		e of cemetery, crematory or			cation city			
	4 Donation 5 Other (Specify)	ENSEE		New H	AME AND ADDRESS OF F	ACHITY R11			-		
- 1	* 2. Kirk Burk	091-				10	8 Wĭl	liams Md.	St.		
	23. PART I. Enter the diseases, or co			not enter t	he mode of dying, su					Approximate	
	shock, or heart failure. L IMMEDIATE CAUSE (Fine) disease or condition	Arteriosc		cardio	vascular d	isease				Interval Between Onset and Death	
	resulting in death)		AS A CONSEQUENCE								
Z	Sequentially list conditions, Due to (or as a consequence of):										
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR A	AS A CONSEQUENCE	S A CONSEQUENCE OF):							
음	CAUSE (Disesse or injury that initiated events	DUE TO (OR A	AS A CONSEQUENCE	OF):	<u> </u>						
E	resulting in death) LAST										
빙											
EDICAL	PART II. Other significant conditions Seizure Disorde		h but not resultin	g in the und	erlying cause given i	n Part I. 2	Ia. WAS AN PERFOR		AW	RE AUTOPSY FINDINGS NLABLE PRIOR TO	
8	Serzare Disorde	2L				2	XYES 2	□ NO	OF	MPLETION OF CAUSE DEATH?	
Σ									XX	YES 2 NO	
Ä	25. WAS CASE REFERRED TO MEDICAL										
PHYSICIAN:	EXAMINER?	HOSPITAL:		OTHER							
4×S	1∑XT€S 2 NO 27. MANNER OF DEATH	1 Inpatient 2 ER/			ng Home 5 <u>XIM</u> esidence			NJURY OCCUF	een.		
	XXXX Beturel 5 Pending	(Month, Day, Ye.		INJURY M	WORK?	100.000	ube now i				
2 Accident investigation 25s. PLACE OF INJURY — At home, form, street, factory, office. 28f LOCATION (Street and No.						and Number or	Rural Route	Number,			
TEC	4 Homicide 6 Could not be	building, atc. (	Specify)			City or	Town, State)				
COMPLETED	29a. CERTIFIER (Check only 1 CERTIFYING PHYSIC Only One) XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	CIAN: To the best of my k								d manner as stated,	
BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	111.1	0		29c. LICENSE N	UMBER				onth, Day, Year)	
10	30, NAME AND ADDRESS OF PERSON WHI	COMPLETED CALLES OF	OEATH (ITEM OF C	ima Delett	OCME			• 1	-26-	30	
	MARGARITA A. KO	RELL,MD	1	11 Pen	n Street,B	altimo	re,MD	21201		VC	
	31. DATE FILED (MN) 27 9 1990	2. REGISTIAN'S	SIGNAT TO THE SE								

DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALTIMORE, MARYLAND 21203-3146	
TAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within waves after death. Page 6 may be retain to the population and the death or attending physician.	
DRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 shot the detach. For use as the burlal-transit permit. Pages 1, 2, 3 should 72 hours after beath with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.	
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 show	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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1 - STATE REGISTRAR	STATE OF MARYL	CERTIFIC			REG. NO.							
1. DECEDENT'S NAME (First, Middle, Last)		4			2. DATE OF DEATH MONTH DAY	YEAR	3. TIME OF DEATH					
DARRYL		R.	SLI	EEZER	1-24-90	TEAR	5:03AM M					
4. SOCIAL SECURITY NUMBER			F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8. BIRT	HPLACE (State or Foreign					
214-44-5780	MXM 2 □ F	47 YRS.	ONTHS DAYS	HOURS MIN.	9/26/42		Marvland					
9e. FACILITY NAME (If not institution, give str	reet and number)	9	b. CITY, TOWN O	R LOCATION OF DE		c. COUNTY OF						
Eldorado & Wabas	Eldorado & Wabash Avenue Baltimore City											
10e. STATE 10b. COUNTY		10d. INSIDE CITY LIMITS?										
MD		Ba	ltimor	e			1-X-YES 2 NO					
10e. STREET AND NUMBER			101.	ZIP CODE	10	g. CITIZEN OF	WHAT COUNTRY?					
3215 Brightwoo	od Avenue			21207		USA						
11. MARITAL STATUS	12. WAS DECEDENT EVER I			ENDENT OF HISPAN	C ORIGIN? (Specify Yee or	No- 14. RAC	E — American Indian, ck, White, etc.					
X Never Morried 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR D			2XXIO Specify		Spe	city:					
3 Wildowed 4 Divorced						W	hite					
15. DECEDENT'S EDUC (Specify only highest grade of		18a. DECEDENT'S US (Give kind of work	k done during mos	N st of working	16b. KIND OF BUSINE	SS/INDUSTRY						
Elementary/Secondary (0-12)	College (1-4 or 5+)	Vears tool & die maker manufactu										
	years	1001 &	die n		manufacturer							
17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Melden Sun	name)						
Robert C. Sle	ezer				Bubella							
19a. INFORMANT'S NAME (Type/Print)					oute Number, City or Town, S		1007					
Robert C. Slee	ezer	3215	Bright	A DOOM	re/Balto.	MD 2	1207					
20s. METHOD OF DISPOSITION  1							own, State					
							e, MD					
21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  Bradley-Ashton Funeral Home, In 2134 Willow Spring Rd/Balto, MD												
								IMMEDIATE CAUSE (Finel disease or condition resulting in death)	Onset and Death			
Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	If any, leading to Immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events Due TO (OR AS A CONSEQUENCE OF):											
PART II. Other significant conditions	s contributing to death	but not resulting in	the underlying	g ceuse given in	Part I. 24s. WAS AN AU	TOPSY 24	b. WERE AUTOPSY FINDINGS					
					PERFORME XYES 2		MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?					
25. WAS CASE REFERRED TO MEDICAL			26. PI	ACE OF DEATH (Che	ck only one)							
EXAMINER?	HOSPITAL: 1   Inpatient 2   ER/Out		OTHER:	e 5 🗆 Residence	B-F3/Deher (Specify)	SCENE						
27. MANNER OF DEATH	28a. DATE OF INJURY	28b. TIME (	OF 28c, INJ		28d. DESCRIBE HOW INJU							
1 Natural 5 Pending	(Month, Day, Year) 1-24-90	4:45		PRK? YES 2 J. NO	Digraliat	a kana a ala	leas sout a					
X2XX Accident Investigation  3 Suicide 6 Could not be	XX	Bicyclist 28f. LOCATION (Street and										
4 Homicide 6 Could not be	building, etc. (Spe			·	City or Town, State)							
Ш 4 Homicide determined												
And CENTREIED	Street Eldorado & Wabash Ave . Balto . M  29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner se stated.  One) XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX											
29a. CERTIFIER 1 CERTIFYING PHYSIC	R: On the basis of examination	ŏ										
29a. CERTIFIER 1 CERTIFYING PHYSK (Check only) 1 CERTIFYING PHYSK One) XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	12/			29c LICENSE MIN	BER 3	29d. DATE SIGNED (Month, Day, )						
29a. CERTIFIER 1 CERTIFYING PHYSIC	12/			29c. LICENSE NUN								
29a. CERTIFIER 1 CERTIFYING PHYSIC (Check only one) XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	O COMPLETED CAUSE OF D	EATH (ITEM 27) (Type, P		OCME		1-2						
29a. CERTIFIER (Check only One) XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	O COMPLETED CAUSE OF D	EATH (ITEM 27) (Type, P 1 1		OCME		1-2						

ALCOHOL: NAME OF PERSONS ASSESSED.	-	
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Pag	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral dif- be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner
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MARGARITA A. KORELL, MD

ned by the hospital or attending physician. Build be detached for use as the burial-transit permit. Pages 1, 2, 3 should

	FOR 1 - STATE REGISTRAR	STATE OF M	MARYLAND / D		MENT OF			MENTA	L HYGIEN	E		
	1. DECEDENT'S NAME (First, Middle, Lest) TASHARA ASHL	EY	Bonne	er	(Thomas	)		2. DATE	of DEATH 25-90	W Y	/EAR	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX 1  M 2	8. AGE (In yrs. lest bi	rthday)	F UNDER 1 YEAR	_	R 24 HRS.	7. DATE (Monti	OF BIRTH h, Day, Year) /10/89		BIRTHPI Country)	ACE (State or Foreign
OR	9a. FACILITY NAME (If not Institution, give str 1217 Valley Stre		96. CITY, TOWN Balt		non of Di e Cit	EATH		9c. COUNT	Y OF DEA	тн		
DIRECTOR	10a. STATE 10b. COUNTY		TY, TOWN OR LOCATION						0d. INSIDE CITY LIMITS?  Y YES 2 NO			
FUNERAL	100. STREET AND NUMBER  1217 VALLEY STRE		101. ZIP CODE 10g. CITIZEN 21202 US						AT COUNTRY?			
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	11. MARITAL STATUS  12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 √ NO IF YES, GIVE WAR OR DATES.			If yes, specify Cuban, Mexican, Puerto Rican, etc.)  Black,   Black,   Specify:  Specify:					- American Indian, White, atc.		
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)		(Give	kind of we NOT use	,		sing	16b	. KIND OF BUS		TRY	BEHON
	INFANT NA  17. FATHER'S NAME (First, Middle, Lest)  ERNEST THOMAS  TORSHELL BONNER											
TO BE	19e. INFORMANT'S NAME (Types/Print)  19b. MAILING ADDRESS (Street and Number or Flural Route Number, City or Town, State, Zip Code)  YVONNE BONNER  1217 VALLEY STREET/BALTIMORE, MD 21202											
20e, METHOD OF DISPOSITION 1 (X Burlai 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)  20b. PLACE OF DISPOSITION (Name of cemetery, crematory or other place)  BALTIMORE CEMETERY  20c. LOCATION BALTIM												
	21. SIGNATURE OF FUNERAL SERVICE LIC	D arrow	)				ARCH		1101 E	. NOR	TH A	VENUE
23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final								Approximata Interval Between Onset and Death				
	disease or condition Sudden Infant Death Syndrome  But TO (OR AS A CONSEQUENCE OF):											
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury											
CERTIF	that initiated events resulting in death) LAST	DUE TO	(OR AS A CONSEQU	ENCE OF	):							
7	PART II, Other significant conditions	s contributing to	death but not res	ulting in	the underly	ng cause	given in	Part i.	24s. WAS AN PERFOR	RMED?		VERE AUTOPSY FINDINGS WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PHYSICIAN: MEDICA	25. WAS CASE REFERRED TO MEDICAL					DI ACE OF	DEATH (C/				X	YES 2 NO
IVSICI	EXAMINER?  XXXYES 2 NO  27. MANNER OF DEATH		ER/Outpatient 3	DOA	OTHER: 4 - Nursing H			6 🗆 Othe		N HIEV OCCI	DED	
BY				INJU	M 1	YES 2	□ NO	281. LOC	CATION (Street	and Number o		ute Number,
COMPLETED	4 Homicide detarmined		, atc. (Specify)	n occurre	d at the time, d	nte and pla	ce, and du		use(a) and ma		1.	
	One) XXX MEDICAL EXAMINE 296 SIGNATURE AND TITLE OF CERTIFIEF	0.7	examination and/or in	restigation	n, in my opinior		cured at the		a and place, ar			and manner as stated.  Month, Day, Year)
TO BE	39, NAME AND APPRESS OF PERSON WH	MAN COMPLETED CAL	SE OF DEATH (ITEM	27) /fine	Deleti		CME			<b>&gt;</b>		26-90

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111 Penn Street, Baltimore, MD 21201

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YLAND 21203-3146	I by the hospital or attending physician.	d be detached for use as the burial-transit permit. Pages 1, 2, 3 should
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-refus after death. Pag. 6 na. parkers by the bost TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5-mould be detach be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	1 - STATE REGISTRAR	STATE OF N	MARYLAND C	/ DEPAR ERTIF						HYGIENI REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Last)			4	10711		-		2. DATE OF	DEATH			3. TIME OF DEATH
	Paul	F.	Thea	do					монтн 1	26		90	8:02 P M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. Is			R 1 YEAR	IF UNDER		7. DATE DE			8. BIRTN	PLACE (State or Foreign
	275-01-1258	1 ₹ M 2 □ F	72	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, D			Ohi	
	9e. FACILITY NAME (If not institution, give s	treet and number)			9b. CIT	Y, TOWN C	R LOCATI	ON OF DE	ATH		9c. COU	NTY OF D	EATN
OR O	Harbor Hospital					Balt	imor	e Ci	Ltv				
DIRECTOR	RESIDENCE OF DECEDENT  10s. STATE 10b. COUNTY												
2							ION						10d. INSIDE CITY LIMITS?
	Ohio Fra			o1um	_	, ZIP COO	-			10- CIT	IZEN OF W	1 YES 2 NO	
RA						100					iog, cir		
FUNERAL	1297 S. Weyant Avenue			RMED	13	WAS DEC		227 DE HISPAN	IIC ORIGIN? (	Specify Yes	or No	U.S.	A .  — American Indian.
	1 Never Married 2 Married	FORCES? 1	YES 2 MAR OR DATES		"	If yes, sp	2 NO	n, Maxica	n, Puerto Rici	en, etc.)		Black	, White, atc.
BY	3 Wildowed 4 Divorced		WII			. [] .20	X	Орчон	,			Оросп	White
	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16a. D	ECEOENT'S Give kind of	USUAL (	DCCUPATIO	ON at of world	na	18b. KI	ND OF BUS	INESS/IN	DUSTRY	
91	Elementary/Secondary (0-12)	College (1-4 or 5		le. Do NOT u	se retired.	)							
COMPLET				Carpe	nter					Carp		У	
8	17. FATHER'S NAME (First, Middle, Last)						100 1000		ME (First, Mide		Surname)		
BE	Frank Theado								Winna				
2	Donald Theado								Route Number,				
	20a. METNOD OF DISPOSITION			E OF DISPO		_			olumbu	_			
	1 G Burial 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	ioval from State	other p	place)					20c. LOCATION — City or Town, Stata  Columbus, Ohio				
21. SIGNATURE OF FUNERAL MENUDE LICENSES. 22. NAME AND ADDRESS OF FACIL						CILITY	Co	Lumbi	us, (	)h10			
					ubba	rd F	uner	al Hon	ne, I	nc.			
	Tount/	amil	u										21229
	23. PART i. Enter the disesses, Dr. shock, or heart failure.				not ente	r the mo	de of dy	ing, suc	h se cerdie	c or reapl	ratory ar	rest,	Approximate interval Batween
	IMMEDIATE CAUSE (Final disease or condition								-				Onset and Death
	a. Hypertensive Arterioscierotri								rdiova	scul	ar I	Disea	se
	DUE TO (DR AS A CONSEQUENCE OF):												
CERTIFICATION	Sequentially list conditions,  Due To (OR AS A CONSEDUENCE OF):												
¥	If any, leading to immediate cause. Enter UNDERLYING	7,000		250210									
트	CAUSE (Disease or injury that initiated events	DUE TO	(OR AS A CONS	EDUENCE (	PF);								-
F	resulting in death) LAST	d.											
	PART II. Other significant condition	ne contribution to	doub but not	- mandelma	In the c	and artists		alves la	Post I o	4a. WAS AN	ALITTORNA	T a.s.	WERE AUTOPSY FINOINGS
PHYSICIAN: MEDICAL	PART II. Other significant condition	is contributing to	death but not	resulting	HI THE L	moerrym	g cause	given in	Pairt I. 2	PERFOR		240.	AVAILABLE PRIOR TO COMPLETION OF CAUSE
Ä									—   ¹	YES 2	KND		DF DEATH?
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AN	25. WAS CASE REFERRED TO MEDICAL					00.00	105.05.5	EATH OL					
C	EXAMINER?	HOSPITAL:	7		ОТНЕ	R:			eck only one)				
₹	1 XYES 2 NO 27. MANNER OF OEATH	1 inpatient 2		28b. TH		_	IURY AT	esidence	8 Other (S	-	NUMBY OF	CUREO	
	1X Natural 5 Pending		Day, Year)		JURY	WC	PRK? YES 2 [	ND	200.0200	mbe 110W I		OUNEO	
BY	2 Accident Investigation 3 Suicide S Could not be	28e. PLACE	OF INJURY — At I	home, farm,	atreet, fa						and Numbe	r or Rural F	Route Number,
	4 Nomicide S Could not be determined	building	, etc. (Specify)						City or	Town, State)			
COMPLETED	29a. CERTIFIER 1 CERTIFYING PHYS	SICIAN: To the best o	f my knowledge, s	death occur	rad at the	time data	and place	and due	to the cause	(a) and mad	apar an ata	ted	
MP	(Check only one) 2 MEDICAL EXAMINI												) and manner as stated.
	29b. SK ATURE AND TITLE OF CERTIFIE							ENSE NU					(Month, Day, Year)
8	A-000	D					OCM				•	1/27	
2	30. NAME AND ADDRESS OF PERSON NO	O COMPLETED CAL	JSE OF DEATN (IT	EM 27) (7yp	e, Print)		CCPL					1/6	,, , , ,
	Ann M. Dixon, M.	D.	111	Penn	St.			Ва	lto.,	Md.	2120	1	
	31. DATE FILED (Morith, Day, Year) JAN 2.9 1990	3. REGISTE	AR'S SIGNATURE	d. 00 -									
	JAN 29 1990	guha da	undson-Na	· Property	54.								

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1. OECEDENT'S NAME (First, Mid	folio, Lade)			DEATH	REG.		3. TIME OF DEATH
Kicha	ird A. Vo	omero			MONTH 2	4 9	10 2:35 R
4. SOCIAL SECURITY NUMBER 069-28-8782		GE (In yrs. last birthday)  2 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH	,1937	BIRTHPLACE (State or Foreign Brooklyn, N. Y
98. FACILITY NAME (If not institute that the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the	General	Hosp.	96. CITY, TOWN C	STOM	EATH	9c. COUNT	arford
	L COUNTY Harford	10c. CIT	Y, TOWN OR LOCAT	Joppa			10d. INSIDE CITY LIMITS? 1 YES 2 NO
10e. STREET AND NUMBER	600 Shore Dr	ive	101	. ZIP CODE	085		U.S.A.
11. MARITAL STATUS  1 Never Married 2 Merried 3 Wildowed 4 Divorced  11. WAS DECEDENT EVER IF FORCES? 1 YES IF YES, GIVE WAR OR D.		ER IN U.S. ARMED	U.S. ARMED  13. WAS DECENDENT OF HISPA 2XXNO  14 yes, specify Cuben, Mexic		ANIC ORIGIN? (Specify Yes or No- 14 en, Puerto Ricen, etc.)		I. RACE — American Indian, Black, White, atc. Specify:
15. DECEDE (Specify only hig Elementary/Secondary (9-12)	INT'S EDUCATION sheat grade completed)  College (1-4 or 5 +)	16e. DECEDENT'S (Give kind of ville. Do NOT us	USUAL OCCUPATION Work done during mose retired.)	ON ost of working	18b. KINO OF	BUSINESS/INDUS	white BTRY
12	4	Directo	or of Tr				inancial Grou
17. FATHER'S NAME (First, Middle	Dominick	Vomero			ME (First, Middle, Ma 1en		cile
19e. INFORMANT'S NAME (Type/		AAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Cod					
Mrs. Marie					Joppa, Mo		
20e. METHOD OF DISPOSITION  String Burlal 2 Cremation  4 Donation 5 Other (Spi	3 Removal from State	20b. PLACE OF DISPOS other place)	Highview	Mem.Gar	dens f	allstor	
21. SIGNATURE OF FUNERAL SE	1			o Belair	E.F.L		Tuneral Home Md. 21087
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REGISTRAR		CE	RTIFIC	ATE OF	DEATH		REG. NO.			
1. DECEDENT'S NAME (First, Middle, Last)	John		$\mathbf{H}^{\mathbb{F}NRY}$	Wh	ite	MONTH	24-90	YE	FAR	1:32AM
4. SOCIAL SECURITY NUMBER 213-26-0681	10020M 2 - F	AGE (In yrs. lest		UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE (	PERTH	1017	Country)	CE (State or Foreign $GA$ .
9a. FACILITY NAME (If not institution, give s 331 E. 24th Str			91		timore C			9c. COUNTY	OF DEAT	н
RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY  MD	Υ			BALTI		TY				I. INSIDE CITY LIMITS? YES 2 NO
100. STREET AND NUMBER  331 EAST 24th	STREET				2 1 8			10g. CITIZEN		
11. MARITAL STATUS  11. Never Merried 2 Merried  3 Widowed 4 Divorced	12. WAS DECEDENT E FORCES? OF OT IF YES, GIVE WAR	YES 2 N		If yes, spe	ENDENT OF HISPAN Hothy Cuban, Mexica 2 NO Specifi	in, Puerto R	(Specify Year Ican, atc.)	or No.— 14.	Specify:	American Indian, hita, etc.
15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 11th Grade		(Gi	ve kind of work Do NOT use n	UAL OCCUPATION done during mostired.)	DN at of working	16b.	NA	NESS/INDUST	TRY	
12 0 11 11 11 11	WHITE				18. MOTHER'S NA	ME (First, M	Iddie, Meiden S WHITI			
19a. INFORMANT'S NAME (Type/Print)  RUTH SAVO	У	3	31 EA	ST 24	nd Number or Rural th STRE		BALTII	MORE	MD	21218
20a. METHOO OF OISPOSITION  (1) Burial 2 Cremation 3 Rem 4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LI	DENESS :	GARR.		FORES	netery, crematory or $T$ $VET$ .			ATION — City $INGS$		
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 frours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trainal permeters.	be filed within 72 hours after death with the State Dept. of Health and Merital Hygiene prior to bunal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1 - STATE REGISTRAR  CERTIFICATE OF DEATH  REG. NO.  1. DECEOENT'S NAME (First, Middle, Last)  LOCATE OF DEATH  REG. NO.  2. DATE OF DEATH  MONITH  DAY  YEAR  3. TIME OF DEATH  MONITH  DAY  YEAR  3. TIME OF DEATH  MONITH  DAY  YEAR  3. TIME OF DEATH  MONITH  DAY  YEAR  3. TIME OF DEATH  MONITH  DAY  YEAR  3. TIME OF DEATH  MONITH  DAY  YEAR  3. TIME OF DEATH  MONITH  DAY  YEAR  3. TIME OF DEATH  MONITH  DAY  YEAR  1. DECEOENTS  REG. NO.	FOR	20c 2-14-90 Film			MENTAL HYOLENE	30 01131
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23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reaptratory arrest, shock, or heart failure. List only one cause on such line.  IMMEDIATE CAUSE (Final disease or condition) resulting in death)  Sequentially list conditions, if any, leading to Immediate cause. Enter UNDERLYING CAUSE (Disease or Injury) that initiated events resulting in death) LAST  PART II. Other algnificent conditions contributing to death but not resulting in the underlying cause given in Part I.  24. WAS CASE REFERENCE TO MEDICAL EXAMINER?  1   YES 2   NO  25. WAS CASE REFERENCE TO MEDICAL EXAMINER?  1   YES 2   NO  26. PLACE OF DEATH (Check only one)  27. MANNET OF DEATH 1   Natural S   Pending Immedigation   29. DATE OF INJURY MINUTES   29. NO  28. WAS CASE REFERENCE TO MEDICAL EXAMINER?  1   YES 2   NO  29. Natural S   Pending Immedigation   29. DATE OF INJURY MINUTES   29. NO  20. WAS CASE REFERENCE TO MEDICAL EXAMINER?  1   Natural S   Pending Immedigation   29. DATE OF INJURY MINUTES   29. NO  29. CERTIFICH OP PAYSICIAN: To the best of my knowledge, death occurred at the time, date and piace, and due to the cause(g) and menner as stated.  29. CERTIFICAL SAMPLER:  29. CERTIFICAL SAMPLER:  29. CERTIFICAL SAMPLER:  29. CERTIFICAL SAMPLER:  29. CERTIFICAL SAMPLER:  29. CERTIFICAL SAMPLER:  29. CERTIFICAL SAMPLER:  29. CERTIFICAL SAMPLER:  29. CERTIFICAL SAMPLER:  29. CERTIFICAL SAMPLER:  29. CERTIFICAL SAMPLER:  29. CERTIFICAL SAMPLER:  29. CERTIFICAL SAMPLER:  29. CERTIFICAL SAMPLER:  29. CERTIFICAL SAMPLER:  29. CERTIFICAL SAMPLER:  29. CERTIFICAL SAMPLER:  29. CERTIFICAL SAMPLER:  29. CERTIFICAL SAMPLER:  29. CERTIFICAL SAMPLER:  29. CERTIFICAL SAMPLER:  29. CERTIFICAL SAMPLER:  29. CERTIFICAL SAMPLER:  29. CERTIFICAL SAMPLER:  29. CERTIFICAL SAMPLER:  29. CERTIFICAL SAMPLER:  29. CERTIFICAL SAMPLER:  29. CERTIFICAL SAMPLER:  29. CERTIFICAL SAMPLER:  29. CERTIFICAL SAMPLER:  29. CERTIFICAL SAMPLER:  29. CERTIFICAL SAMPLER:  29. CERTIFICAL SAMPLER:  29. CERTIFICAL	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	22	NAME AND ADDRESS OF FA	All lime	11
Abock, or heart failure. List only one cause on such line.  IMMEDIATE CAUSE (Final disease or condition) resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that inhibited events resulting in death) LAST  PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.  PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.  PART II. Other alignificant conditions contributing to death but not resulting in the underlying cause given in Part I.  PART II. Other alignificant conditions contributing to death but not resulting in the underlying cause given in Part I.  PART II. Other alignificant conditions contributing to death but not resulting in the underlying cause given in Part I.  PART II. Other alignificant conditions contributing to death but not resulting in the underlying cause given in Part I.  PART II. Other alignificant conditions contributing to death but not resulting in the underlying cause given in Part I.  PART II. Other alignificant conditions contributing to death but not resulting in the underlying cause given in Part I.  PART II. Other alignificant conditions contributing to death but not resulting in the underlying cause given in Part I.  PART II. Other alignificant conditions contributing to death but not resulting in the underlying cause given in Part I.  PART II. Other alignificant conditions contributing to death but not resulting in the underlying cause given in Part I.  PART II. Other alignificant conditions contributing to the cause of the cause of the couse of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the	I wom C	Brown	L	UM C. Brow	NO COMM	F. H.
CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I.  PART III. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I.  PART III. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I.  PART III. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I.  PART III. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I.  24a. WAS AN AUTOPSY PINDING ANALLASE PRIOR TO COMPLETION OF CAUSE OF DEATH (Check only one)  25b. WAS CASE REFERRED TO MEDICAL  EXAMINERY  1   YES 2   NO  25c. WAS CASE REFERRED TO MEDICAL  EXAMINERY  1   Netural 5   Pending Investigation   1   Netural 5   Pending Investigation   1   Netural 5   Pending Investigation   1   Netural 5   Pending Investigation   1   Netural 5   Pending Investigation   1   Netural 5   Pending Investigation   1   Netural 5   Pending Investigation   1   Netural 5   Pending Investigation   1   Netural 5   Pending Investigation   1   Netural 5   Pending Investigation   1   Netural 5   Pending Investigation   1   Netural 5   Pending Investigation   1   Netural 5   Pending Investigation   1   Netural 5   Pending Investigation   1   Netural 5   Pending Investigation   1   Netural 5   Pending Investigation   1   Netural 5   Pending Investigation   1   Netural 5   Pending Investigation   1   Netural 5   Pending Investigation   1   Netural 5   Pending Investigation   1   Netural 5   Pending Investigation   1   Netural 5   Pending Investigation   1   Netural 5   Pending Investigation   1   Netural 5   Pending Investigation   1   Netural 5   Pending Investigation   1   Netural 5   Pending Investigation   1   Netural 5   Pending Investigation   1   Netural 5   Pending Investigation   1   Netural 5   Pending Investigation   1   Netu	disease or condition resulting in death)	b. Metasto  OUE TO (OR AS A CON	SEQUENCE OF):	a terine la	weinoma	Onset and Deat
25. WAS CASE REFERRED TO MEDICAL  EXAMINERY  1	cause, Enter UNDERLYING CAUSE (Disease or Injury that initiated events	с.				
25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1 YES 2 NO  26. PLACE OF DEATH (Check only one)  27. MANNER OF DEATH  1 Netural  28. PLACE OF DEATH (Check only one)  27. MANNER OF DEATH  1 Netural  28. PLACE OF DEATH (Check only one)  27. MANNER OF DEATH  1 Netural  28. DATE OF INJURY  29. DATE OF INJURY  29. DATE OF INJURY  29. DATE OF INJURY  29. DATE OF INJURY  29. DATE OF INJURY  29. DATE OF INJURY  29. DATE OF INJURY  29. DATE OF INJURY  29. DATE OF INJURY  29. DATE OF INJURY  29. DATE OF INJURY  29. DATE OF INJURY  29. DATE OF INJURY  29. DATE OF INJURY  29. DATE OF INJURY  29. DATE OF INJURY  29. DATE OF INJURY  29. DATE OF INJURY  29. DATE OF INJURY  29. DATE OF INJURY  29. DATE OF INJURY  29. DATE OF INJURY  29. DATE OF INJURY  29. DATE OF INJURY  29. DATE OF INJURY  29. DATE OF INJURY  29. DATE OF INJURY  29. DATE Route Number or Rural Route Number,  City or Rown, Stelle)  29. DATE SIGNÉO (Month, Day, Year)  29. DATE SIGNÉO (Month, Day, Year)  29. DATE SIGNÉO (Month, Day, Year)  29. DATE SIGNÉO (Month, Day, Year)  29. DATE SIGNÉO (Month, Day, Year)  29. DATE SIGNÉO (Month, Day, Year)  29. DATE SIGNÉO (Month, Day, Year)  29. DATE SIGNÉO (Month, Day, Year)  29. DATE SIGNÉO (Month, Day, Year)  29. DATE SIGNÉO (Month, Day, Year)  29. DATE SIGNÉO (Month, Day, Year)	PART II. Other algnificent condi	tions contributing to death but no	ot resulting in the u	nderlying cause given in	Part I. 24a. WAS AN AUTO	
EXAMINER?    YES 2 NO					1	OF DEATH?
EXAMINER?    YES 2 NO	OF WAS CASE DEFENDED TO MEDICA					
27. MANNER OF DEATH  1 Natural 28a. DATE OF INJURY (Month, Day, Year)  28b. TIME OF INJURY M 1 YES 2 NO  28c. INJURY AT WORK? 1 YES 2 NO  28c. INJURY AT WORK? 1 YES 2 NO  28c. Certifier (Check only One)  28c. PLACE OF INJURY — At home, farm, street, factory, office  28c. PLACE OF INJURY — At home, farm, street, factory, office  28c. PLACE OF INJURY — At home, farm, street, factory, office  28c. PLACE OF INJURY — At home, farm, street, factory, office  28c. PLACE OF INJURY — At home, farm, street, factory, office  28c. PLACE OF INJURY — At home, farm, street, factory, office  28c. PLACE OF INJURY — At home, farm, street, factory, office  28c. PLACE OF INJURY — At home, farm, street, factory, office  28c. PLACE OF INJURY — At home, farm, street, factory, office  28c. PLACE OF INJURY — At home, farm, street, factory, office  28c. PLACE OF INJURY — At home, farm, street, factory, office  28c. PLACE OF INJURY — At home, farm, street, factory, office  28c. PLACE OF INJURY — At home, farm, street, factory, office  28c. PLACE OF INJURY AT WORK?  1 YES 2 NO  28c. LOCATION (Street and Number or Rural Route Number, City or Rown, State)  28c. PLACE OF INJURY — At home, farm, street, factory, office  28c. PLACE OF INJURY AT WORK?  1 YES 2 NO  28c. LOCATION (Street and Number or Rural Route Number, City or Rown, State)  28c. PLACE OF INJURY — At home, farm, street, factory, office  28c. PLACE OF INJURY AT WORK?  1 YES 2 NO  28c. LICCATION (Street and Number or Rural Route Number, City or Rown, State)  28c. PLACE OF INJURY — At home, farm, street, factory, office City or Rown, State)  28c. PLACE OF INJURY AT NOR INJURY AT WORK?  1 YES 2 NO  28c. LICCATION (Street and Number or Rural Route Number, City or Rown, State)  28c. LICCATION (Street and Number or Rural Route Number, City or Rown, State)  28c. LICCATION (Street and Number or Rural Route Number, City or Rown, State)  28c. LICCATION (Street and Number or Rural Route Number, City or Rown, State)  28c. LICCATION (Street and Number or Rural Route Number, City or Rown, State	EXAMINER?	HOSPITAL:		R:		
3   Sulcide 4   Homicide 6   Could not be determined  286. PLACE OF INJURY — At home, farm, street, factory, office 290. CERTIFIER (Check only one) 2   MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, date end piece, and due to the cause(e) end menner as attact.  291. LICENSE NUMBER  292. LICENSE NUMBER  293. DATE SIGNEO (Month, Day/hear) 294. DATE SIGNEO (Month, Day/hear) 295. LICENSE NUMBER  296. LICENSE NUMBER  297. DATE SIGNEO (Month, Day/hear) 298. PLACE OF INJURY — At home, farm, street, factory, office 298. PLACE OF INJURY — At home, farm, street, factory, office 298. PLACE OF INJURY — At home, farm, street, factory, office 298. LICENSE (Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of R	1 Natural 5 Pending	(Month, Day, Year)	26b. TIME OF INJURY	WORK?	28d. DESCRIBE HOW INJUR	TY OCCURED
(Check only One) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date end piace, and due to the cause(e) end menner as stated.  29c. LICENSE NUMBER  29d. DATE SIGNED (Month, Day/hear)  10 ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  VINCENT KWOK KUEN TAM SINAI HOSPI TAL OF BALTIN	3 Suicide 6 Could not	28e. PLACE OF INJURY — A building, atc. (Specify)	t home, farm, street, fe	ctory, office	28f. LOCATION (Street end N City or Town, State)	lumber or Rural Route Number,
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print)  VINCENT KWOK KUEN TAM SINA! HOSPITAL OF BALTIN	(Check only					
VINCENT KWOK KNEW TAM SINAI HOSPITAL OF BALTIN	256. SIGNATURE AND TITLE OFFICERE	M.B.	18.5.			
31. DATE FILED (Month, Day, Yyar)  32. REGISTRAR'S SIGNATURE	VINCENT	KWOK KUET	1 TAI	SINA	i Hospit	AL OF BALTIN
	31. DATE FILED (Month, Day, Yer)	32, REGISTRAR'S SIGNATUR	nd Me	As .		

BE COMPLETE

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29e. CERTIFIER (Check only one)

1 CERTIFYING PHYSICIAN: To the best of my

9 1990

							20	0113
	1 - FOR STATE (	OF MARYLAND / DEP CERT	ARTMENT OF H		ENTAL HYGIENI REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Last)  E	. Willia	ms			3- 90	1	E OF DEATH  45  M
	217-16-3407 10M2)	`	S. MONTHS DAYS	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 04-01-/	Con	untry)	(Stale or Foreign
TOR	9a. FACILITY NAME (If not institution, give street and numb  5 + 705 eph +05  RESIDENCE OF DECEDENT	pital	96. CITY, TOWN O	USON	mD	9c. COUNTY OF	DEATH	
DIRECTOR	10e. STATE 10b. COUNTY PERC	HAII 10c.	10c. CITY, TOWN OR LOCATION					NSIDE CITY IMITS? YES 2 X NO
HAL	10e. STREET AND NUMBER		.101	101. ZIP CODE 109. CITIZ				OUNTRY?
BY FUNERAL		CEDENT EVER IN U.S. ABMED ? 1 YES 2 NO GIVE WAR OR DATES	If yes, sp		C ORIGIN? (Specify Yee, Puerto Ricen, etc.)	or No- 14, R/	USA  14. RACE — American Indian, Black, White, atc.  Specify: Black	
PLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  7 th	(Give kind	T's usual occupation of work done during months to the stic	ON set of working	House		1	
COMPL	17. FATHER'S NAME (First, Middle, Last) Isaac Williams	•		18. MOTHER'S NAM Bessie	Rerry	Surname)		
TO BE	190. INFORMANT'S NAME (Type/Print) Bernice Harris			and Number or Rural Ro	oute Number, City or Town			
	209 METHOD OF DISPOSITION 1.20 Burlel 2 Cremetion 3 Removal from Str	20b. PLACE OF DIS	SPOSITION (Name of cer	metery, crematory or	20c. LO	CATION — City or		
	4 Donation 8 Other (Specify)	Asbury		ND ADDRESS OF FAC	metery W			
	Durick C	in	4611	Park He	Derri ights Av	enue	Jone 212	es F.H. 15
	23. PART I. Enter the diseases, or complication shock, or heart failure. List only or IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)	e cause on each line.	e que	ple of dying, such	ee cardlec or respi	retDry erreet,		Approximate Interval Between Onset and Deeth
z		UE TO (OR AS A CONSEQUENC	eleen	in				
RTIFICATION	Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	UE TO ON AS A CONSEQUENCE	EOF):	ent	Jaile	re.		
ERTIFI	that initiated events resulting in death) LAST	UE TO (OR AS A CONSCOUENCE	E OF):		,			
DICAL CE	PART II. Other significant conditions contribute	ing to death but not result	ing in the underlyin	g cause given in f	Part I. 24s. WAS AN PERFOR	MED?	AVAIL	AUTOPSY FINDINGS ABLE PRIOR TO LETION DF CAUSE EATH?
CIAN: MEDICA					_		1 🗆	YES 2   NO
	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	<b>N</b> L:	26. P	LACE OF DEATH (Che	ck only one)			
<u> </u>	1 NES 2 NO 1 Inpatie	nt 2 ER/Outputlent 3 DO	OA 4 Nursing Hor	ne 5 🗆 Residence				
ву рну	27. MANNER OF DEATH 28e. D/(M) 1 Natural 5 Pending 2 Accident Investigation	ATE OF INJURY 28b. onth, Day, Year)	INJURY W	JURY AT DRK? YES 2 NO	28d. DESCRIBE HOW t	NJURY OCCURE		
	3 Suicide 28e. Pl	ACE OF INJURY — At home, failding, etc. (Specify)	irm, street, factory, offic	Die .	28f. LOCATION (Street a City or Town, State)	and Number or Ru	rel Route h	lumber,

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to the cause(a) and manner as stated

29d. DATE SIGNED (Morth, Day, Year)

30 01795

and the second second

TO THE HOSPITAL OR AT TO THE FUNERAL DIRECT be filed within 72 hours a IMPORTANT: If Item 2

an.	transit permit. Pages 1, 2, 3 should		
retined by the hospital or attending physic	s 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 shou		fled at once.
cuted within 2 - rours after death. P. e 6 may b ret	funeral on mor, pag	movat	. 28 is marked or item 23 shows any injury or other traumatic event, the medical examiner must be notifi
ate be executed within 2 mours	hysician and completely filled in	s after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal	or traumatic event, the med
he law requires that the death certific	been signed by the attending pl	t. of Health and Mental Hygiene	shows any injury or othe
ATTENDING PHYSICIAN: The law	ECTOR: After this certificate has been signed by the attending physician and complet	s after death with the State Dep	28 is marked or item 23

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							00 0179.
_	1 - STATE OF MARYL REGISTRAR	AND / DEPARTM CERTIFICA			MENTAL HYGIEN REG. NO.	E	-
	1. DECEDENT'S NAME (First, Middle, Last)  JOSEPH D. Willi	AMS Sr.			2. DATE OF DEATH		3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (		MDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	A. BIR	TNPLACE (State or Foreign
	214-20-4730 1 M 2 F 6	-		R LOCATION OF DE	12-2-1925	9c. COUNTY OF	Virginia
8	Harford Menorial Hospital	1	aure o	e Grace		Harto	
Harford Hudorial Hospital Have de Grace Harford  RESIDENCE OF DECEDENT  100. STATE  100. COUNTY  Md. Harford Bel Air  100. CITY. TOWN OR LOCATION  100. LITY. TOWN OR LOCATION  100. LITY. TOWN OR LOCATION  100. LITY. TOWN OR LOCATION  100. LITY. TOWN OR LOCATION  100. LITY. TOWN OR LOCATION							10d. INSIDE CITY LIMITS?
							1 TES 2 XNO
1216 Emmorton Rd. 21014 U.S						U.S.A.	WHAT COUNTRY?
FUNERAL	11. MARITAL STATUS  1 Never Married 2 Merried  12. WAS DECEDENT EVER II FORCES? 1 TY YES IF YES GIVE WAS OR D.			ENDENT OF HISPAN	IC ORIGIN? (Specify Yes	or No.— 14, RA	CE — American Indian, ack, White, etc.
B	3 Wildowed 4 Divorced IF YES, GIVE WAR OR D. 1944-1946	ATES		2 NO Specify.		Sp	white
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a, DECEDENT'S USU (Give kind of work life, Do NOT use ret	done during mos	N st of working	16b. KIND OF BUS	INESS/INDUSTRY	
AP.E	Elementary/Secondary (0-12) College (1-4 or 5+)  7 VIS •	Furnitur	e repa	ir	U.S.	Governm	ent
	17. FATHER'S NAME (First, Middle, Last) Joseph M. Wil	liams		18. MOTHER'S NAI	ME (First, Middle, Maiden TT18	Sumame) She	ets
) BE	19e. INFORMANT'S NAME (Type/Print)	19b. MAILING ADI			loute Number, City or Tow		
2	Mrs. Betty J. Williams				el Air,Md.		
	20e. METNOD OF DISPOSITION  XXBurial 2 Cremation 3 Removal from State  4 Donation 5 Other (Specify)	elair Memo	rial G	ardens		Air, M	d. 21014
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		22. NAME AN	D ADDRESS OF FAC	E.F.L	assahn I	Funeral Home
	E. F. Jassahn				Rd.Kingsvi		
	23. PART I. Enter the diseases, or complications that ceuse ahock, or heart failure. List only one cause on a IMMEDIATE CAUSE (Finel	d the death. Do not a each line.	intar the mo	de of dying, such	n ae cardiac or reap	ratory arrest,	Approximate Interval Batween Onset and Death
	disease or condition reaulting in death)	DIAC	mer	EST			
_	DUE TO (OR AS /	A CONSEQUENCE OF):	A 1	INC	ARCTI	MAL	
TIO	If any, leading to immediata	A CONSEQUENCE OF):	8.0			<u> </u>	
FICA	CAUSE (Disease or Injury that initiated events	A CONSEQUENCE OF):	ere	12011	ς		
CERTIFICATION	resulting in death) LAST						
- I	PART II. Other significant conditions contributing to death it	but not reaulting in t	na undarlyln	cause given in	Part I. 24s. WAS AN		46. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
EDIC	CARUNOMA 15	UNGI			1 YES 2	! □ NO	OF DEATH?
N.		0.70 ()3					1 YES 2 NO
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO 1 Napoliont 2 ER/Out		THER:	ACE OF DEATH (Ch	HENRY CO. LOW		
PHYS	27. MANNER OF DEATN 280. DATE OF INJURY	28b. TIME OF	F 28c, INJ	URY AT	28d. DESCRIBE NOW	NJURY OCCURED	
BY	1/C-Natural 5 Pending 2 Accident Investigation 28e. PLACE OF INJUR	Y — At home, farm, stree		YES 2 NO	26f. LOCATION (Street	and Number or Rus	ral Boute Number
回	3 Suicide 6 Could not be determined 226. PLACE OF INJOH building, etc. (Spe		, , , , , , , , , , , , , , , , , , , ,		City or Town, State,		
COMPLETED	29e. CERTIFIER (Check only one)  1 CERTIFYING PNYSICIAN: To the best of my know one)  2 MEDICAL EXAMINER: On the basic of examination						ne(e) and manner as stated.
BE	CONTACTOR AND TITLE OF CERTIFIER	m		290 UCENSE NUN	ABER 44	29d. DATE SIGN	DED (Month, Day, Year)
5	DANTE U. MONAKI	EATN (ITEM 27) (Type, Pri	HANV	re de	GrACI.	nd	21078
	31. DATE FILED (Month, Day, Your)  12. REGISTRAR'S SIGN  1AN 29 1990 Auth. Savidson						
_	IAN 29 1990 Achin Davidson	Market					DHMH-16 Rev 1/89

REG. NO.

BALT MORE, MARYLAND 21203-3146	e etained by the hospital or attending physician.	5 should be detached for use as the burial-transit	notified at once.
BALTMORE	urs after death. Page 6 may to	filled in by the funeral rector, parison, or removal.	the medical examiner must be
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. This after death. Page And by letained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral factor, gan 5 should be detached for use as the burlal-transit the filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

permit. Pages 1, 2, 3 should

1. OECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF OEATN WALDRON ELIZABETH LANEY 4:30 JAN. 1990 24, 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) 7. DATE OF BIRTN (Month, Day, Year) 8. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR | IF UNDER 24 HRS. DAYS HOURS 1 M 2 F 81 216-60-0174 YRS. Mar. 8,1908 Tennessee Sa. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF GEATN 9c. COUNTY OF DEATN DIRECTOR 17006 DOWNING STREET GAITHERSBURG MONTGOMERY RESIDENCE OF DECEDENT 10a. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Gaithersburg Maryland Montgomery 1 YES 2 NO 10s. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 17006 Downing Street 20877 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—
If yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married 1 YES 2 NO Specify: Specify: White BY 3 Widowed 4 Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highe Elementary/Secondary (0-12) College (1-4 or 5+) Homemaker Home 17. FATHER'S NAME (First, Middle, Last) 16. MOTNER'S NAME (First, Middle, Maiden Surname) Betty Joseph Fritz 0wens BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 8316 Hawkins Creamery Road, Gaithersburg, Md. 20882 Mildred Ella Shipe 20s. METHOD OF DISPOSITION
t ⋈ Burlel 2 □ Cremetion 3 □ Removal from State
4 □ Donation 6 □ Other (Specify) 20c. LOCATION - City or Town, State 20b. PLACE OF DISPOSITION (Name of cometery, crematory or Maplewood Cemetery Tazewell, Virginia 22. NAME AND ADDRESS OF FACILITY Muriel H. Barber Funeral Home 21, SIGNATURE OF FUNERAL SERVICE LICEN P. O. Box 5038, Laytonsville, Md 20882 23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, ahock, or heart failure. List only one cause on each line. Interval Batwe **Onset and Death** IMMEDIATE CAUSE (Final disease or condition \_\_\_\_\_ Foilure 2 Me. Respiratory OUE TO (OR AS A CONSEQUENCE OF): COR pulmonite 6 mo. CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING Chronic obstruction pulmonery Discore byR. CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST Emphy se ma byR. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS PHYSICIAN: MEDICAL COMPLETION OF CAUSE 1 YES 2 PNO OF DEATN? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF OEATH (Check only one) HOSPITAL: OTHER: 1 YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 4 Nursing Home 5 Residence 8 Other (Specify) 27. MANNER OF DEATN 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. OFSCRIBE NOW INJURY OCCURED 1 Natural 5 Pending investigation 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 3 Suicide 6 Could not be 4 Homicide 29a. CERTIFIER

(Chank note)

1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE whe 023630 1-25-90 9 30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) CAUSE . 16220 Frederick Rd. #213 Goithersburg Fronk J. MAYO,

DHMH-18 Rev 1/89

	REGISTRAR		CER	TIFICAT	E OF	DEATH	R	REG. NO.									
	1. DECEDENT'S NAME (First, Middle, Leat)						2. DATE OF	DEATH		3. TI	ME OF DEATH						
	Agnes Viola ATKI	NS					Janua	ry 6	1990	10	:00 P M						
- 3	4. SOCIAL SECURITY NUMBER	5. SEX	6, AGE (In yrs. last birt	hdev) IF UND	ER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF I				E (State or Foreign						
	217-16-2386	1 🗆 M 2 🖾 F	65 Y	RS. MONTHS		HOURS MIN.	(Month De	w Weerl	7,1924	Country)	yland						
	9a. FACILITY NAME (If not institution, give a	street and number)		9b. CI1	9b. CITY, TOWN OR LOCATION OF DEATH				9c. COUNTY		<i>y</i>						
œ	Washington Count	v Hospita	1	На	gers	town			Washi	naton							
18	RESIDENCE OF DECEDENT	y mospice	* T	110	Bers	COWII			Wasiii	ngcon							
Ĭ Ĭ	10a. STATE 10b. COUNT	Υ	10	c. CITY, TOWN	OR LOCAT	NOI				10d.	INSIDE CITY LIMITS?						
DIRECTOR	Maryland Wash	ington		Hager	Hagerstown					1 🔯	YES 2 NO						
1	10e. STREET AND NUMBER			0		. ZIP CODE			10g. CITIZEI	OF WHAT	COUNTRY?						
FUNERAL	812 Willow Circl	0			2	1740			TI	SA							
N.	11. MARITAL STATUS		T EVER IN U.S. ARMED	12		ENDENT OF HISPA	NIC OBIGINS (9	nacity Van	-		merican Indian						
	1 Never Married 2 Married		YES 2 NO	"	If yes, sp	ecify Cuban, Maxic	en, Puerto Rica	n, etc.)			merican Indien, ta, atc.						
B≺	3 Widowed 4 Divorced	IF YES, GIVE Y	MA ON DATES		1 [] YES	2 NO Specif	ry:			Specify: white							
<b>ETED</b>	15. DECEDENT'S EDU		16a. DECED	ENT'S USUAL	OCCUPATION	ON	18b. KIR	ND OF BUS	INESS/INDUS	TRY							
1	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 8	Iffe. Do	nd of work don NOT use retired	e auring mo .)	ost of working											
2	8	0	cle	rk			ai	rcraf	Et								
BE COMP	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA											
0	Samuel B. Gallih	er				Lillian											
7	19a. INFORMANT'S NAME (Type/Print)		19b. M/	AILING ADDRE	SS (Street a	and Number or Rural				rde)							
5	Alvin Atkins					rcle, Ha											
	20a, METHOD OF DISPOSITION	-				metery, crematory or	~		ATION - Cit		itete						
	1 ☑ Burial 2 ☐ Cremation 3 ☐ Rem 4 ☐ Donation 5 ☐ Other (Specify)	noval from Stata	other place)			al Park					ryland						
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	_   Cedal L			NO ADDRESS OF F	ACILITY	Inage	EISLUW	II, Ma	ryrand						
1	10 m	11				CH FUNER		E									
- 3	Seou	Min	nech	4	15 E	. Wilson	Blvd.	, Hag	gersto	wn, M	ld. 21740						
	23. PART I. Enter the diseases, or			Do not ent	er the mo	ods of dyling, suc	ch se cerdiec	or reapli	atory srres	t,	Approximate						
	shock, or heart fellure. IMMEDIATE CAUSE (Finel	List only one can	use on sech line.							į	Interval Between Onset and Death						
		Metast	atic Carc	inoma	- Pr	imary si	te prob	bably	lung		8 months						
1 1	resulting in destri)		(OR AS A CONSEQUE				-										
z		h															
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	OUE TO	(OR AS A CONSEQUE	NCE OF):													
3	cause. Enter UNDERLYING CAUSE (Disesse or Injury	G															
드	that initiated events	DUE TO	(OR AS A CONSEQUE	NCE OF):		_											
1 15	resulting in death) LAST	d															
	PART II. Other significant condition	ne contributine to	don'th hut not may	Itles In the	on al a ab al a	a garina alima (a	Best I a	a. WAS AN	AL COOPERA	Tour were	T ALTTONIA TANDIA						
EDICAL	PART II, Other significant condition	iis contributing to	death but not less	iting in the	underiyin	ig cause given in	Part I. 24	PERFOR		AWA	E AUTOPSY FINDINGS LABLE PRIOR TO						
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ME										1 🗆	YES 2 NO						
ż									_								
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		ОТН		LACE OF DEATH (C	theck only one)										
SI	1 TES 2 X NO		☐ ER/Outpetlant 3 ☐			ne 8 🗆 Residence	8 Other (S	(pecify)									
E	27. MANNER OF DEATH	28a. DATE Of (Month, I		b. TIME OF	28c. IN	JURY AT ORK?	28d. OEŞCR	IBE HOW I	NJURY OCCU	RED							
ВУ	1 Netural 5 Pending 2 Accident Investigation			M		YES 2 NO											
	3 Suicide 8 Could not be	28e. PLACE (	OF INJURY — At home, etc. (Specify)	form, street, f	actory, offi	ca	28f. LOCATH	ON (Street a	nd Number or	Rural Route	Number,						
COMPLETED	4 Homicide determined		( 0.00. ( 0.00) /				""	Owig Otaley									
1 2	290. CERTIFIER 1 X CERTIFYING PHYS	BICIAN: To the best o	f my knowledge, death	occurred at th	e time, dat	e and place, and du	a to the causel	(a) and mar	ner as stated								
Σ	(Check only one) 2 MEOICAL EXAMIN										I menner as stated.						
	295. SIGNATURE AND TITLE OF BERTIFIE																
BE	Charles W	DE XX	Der an			DO 106					8, 1990						
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	30 NAME AND ADDRESS OF SERVICE	10 COMO! 5750 511	OF OF PERSON ASSESSED.	D (Tax. 5.1.)					The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s								
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	Edward W. Ditto,	III, M.D	., 217 We		hing	ton Stre	et, Ha	gerst	own, l	Maryl	and 21740						
		III, M.D		st Was	hing	ton Stre	et, Hag	gerst	own, l	Maryl.	and 21740						

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DIVISION OF VITAL RECORDS, P.O. BOX 13146,  TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a steer of the transfer of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second		after	y th	MOVA	ES
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DIVISION OF VITAL RECORDS, P.O. BOX 13146, TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely if be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, commation imPOPITANT: It leam 28 is marked, or item 23 shows any injury, or other traumatic event, the			Del	1, 0	E
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31. DATE FILED (Month, Day, Year)

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	1 - FOR STATE REGISTRAR	STATE OF MARY		ARTMENT (			MEN	TAL HYGIEN REG. NO.	E	91	) 0179
	1. OECEOENT'S NAME (First, Middle, Leet)  Bennett	Cleveland	A	llen	, Jr			ATE OF DEATH	ĭ-90	YEAR 3.	TIME OF DEATH PM
<b>T</b> V	4. SOCIAL SECURITY NUMBER 217-07-8378	1 <b>X</b> M 2 □ F	E (In yrs. last birthdi 80 YRS	MONTHS I		IF UNDER 24 HRS.	(M	TE OF BIRTH Conth, Day, Year)	909	Country)	yland
TOR	9a. FACILITY NAME (If not institution, give a	are Cen-	ter	9b. CITY, T	Denton 9c.				9c. COUNT	COLI	ne
DIRECTOR	10a. STATE 10b. COUNT	een Anne's	10c.	Cheste		N					d. INSIDE CITY LIMITS?  YES 2 XNO
FUNERAL	100. STREET AND NUMBER  R. D. 3, Box 767  21619						)		10g. CITIZI	US A	T COUNTRY?
B	11. MARITAL STATUS 1 Never Married 24 Married 3 Widowed 4 Divorced	14.3	res, speci	IDENT OF NISP Ity Cuban, Max NO Spe	Ican, Puar	IGIN? (Specify Yearto Rican, atc.)	or No- 1		American Indian, Thita, atc. White		
LETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		(Give kind	T'S USUAL OCC of work done du IT use retired.)	UPATION ing most	of working		16b. KIND OF BUS	SINESS/INDU	STRY	
COMPLET	10 17. FATNER'S NAME (First, Middle, Lest) Bennett Cleve	aland Allen	Carpenter					Housi st, Middle, Melden Elsie Ha	Sumame)	ton	
TO BE	190. INFORMANT'S NAME (Type/Print) Ruth P. Allen	Wife	1000			Number or Rur	ral Route A	lumber, City or Town	n, State, Zip (	Code)	
	20a, METNOO OF OISPOSITION 1√2kBurlel 2 □ Cremetion 3 □ Ren 4 □ Donation 5 □ Other (Specify)	loval from State	ob. PLACE OF DIS other place) OLd Wye	POSITION (Name	of cemet	ery, cremetory o		20c. LO	CATION — C	lty or Town,	state
CYGUING	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	2,	В	arto	n Fune	ral	Home entrevil	1e. M	d. 21	617
	23. PART Enter the diseases, or shock, Dr heart feliure.  IMMEDIATE CAUSE (Final disease Dr condition resulting in deeth)	Liet only one couse on	eech line.	o not enter the	ne mode	of dying, s					Approximata Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury										
CERTIF	that initieted events resulting in death) LAST	d	A CONSEQUENC	E OF):							
PHYSICIAN: MEDICAL	PART II. Other significant condition  CVA, 181		but not resulti	ng in the und	erlying (	cause given	in Part i	24s. WAS AN PERFOR 1 TYES 2	RMED?	AV CC Of	ERE AUTOPSY FINDINGS MALABLE PRIOR TO DMPLETION OF CAUSE F DEATH?  YES 2 NO
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 MO	HOSPITAL:	utpatient 3 🗆 DO	OTHER:		5 - Resident					
BY PHY	27. MANNER OF DEATN  1 Natural 6 Pending 2 Accident Investigation	26a. DATE OF INJUR (Month, Day, Year	Y 28b.	TIME OF 2	Bc. INJUF WORI 1   YE	RY AT C? S 2 NO	28d.	DESCRIBE HOW I	NJURY OCC	URED	
9	3 Suicide 6 Could not be determined	28e. PLACE OF INJU building, atc. (S	RY — At home, fee Decily)	m, atreet, factor	y, office			LOCATION (Street : City or Town, State)		or Rural Rout	te Number,
COMPLET	onel	BICIAN: To the best of my kn ER: On the bests of examine									nd menner as stated.
TO BE	296. SIGNATURA PROTECTION				1	D33	29	4	29d. DATE	SIGNED (M	lonth, Day, Year)
	30. NAME AND ADDRESS OF PERSON WI		DEATH (ITEM 27) (		sbo	oro M	d.	21636	,		

32. REGISTRAP'S SIGNATURE Junia Davidson-Randall

TRIP OF A

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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a rouns after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach be fled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	l
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HEGISTHAH		CE	HIIFICA	EOF	DEA	In	REG. NO.			
1. OFCEOENT'S NAME (First, Middle, Dorothy	Fremeau		Amick				2. DATE OF DEATH MONTH 1/18/9	yo .	KFAR	3. TIME OF SEATH 9:30a
4. SOCIAL SECURITY NUMBER 577-26-5271	5. SEX	6. AGE (In yrs. last i	birthday) IF UNI YRS. MONTH	DER 1 YEAR	IF UNDER	MIN.	7. DATE OF BIRTH		a. BIRTNI Country MA	PLACE (State o n.n
99. FACILITY NAME (If not institution, Chesapeake Ma	nor			nold	OR LOCATI	ON OF OE	АТН	Pe. COUNTY OF DEATH Anne Arundel		
	nne Arundel		Arnolo					10d. INSIDE CITY LIMITS? 1 U YES 2 NO		
* 880 Mallard C	ircle		101. ZIP CODE 21012				2 109 CITIZEN OF WHAT COUNT			HAT COUNTRY?
3 Widowed 4 Olvorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	TEVER IN U.S. ARM YES 2 POOR WAR OR DATES	YES 2 PMO If yes, specify Cuban, Mexican, P			n, Puarto Rican, etc.)	or No-	Black.	- American Indian, White, etc.	
Specify only highest Elementary/Secondary (0-12)  17. FATHER'S NAME (First, Middle, La	S EDUCATION grade completed)  College (1-4 or 5	(Give	(Give kind of work done during most of working life. Do NOT use retired.)				Hecht C			
	*						ME (First, Middle, Maiden Unknown	Surname)		
9 Mrs. Kathryn	)		MAILING ADDRI		and Numbe	r or Rural F	Poute Number, City or Town	n, State, Zi	p Code) MD	21012
20e METNOD OF DISPOSITION 1 Burlel 2 Cremation 3 C 4 Donation 6 Other (Specify,		20b. PLACE Of other place MD Ve	F DISPOSITION (	(Name of co	metery, cres	matory or	20c. LO		City or Tov	vn, Stata
21. SIGNATURE OF FUNERAL SERVI	CE LICENSEE	1			NO ADDRE			tchi	e Hwy	
IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b		JENCE OF):	lea	at	7	ailure			Interval Batweer Onset and Dasti
PART II. Other algnificent com  OS 1  25. WAS CASE REFERRED TO MEDIC  EXAMINER?  1   VES 2   NO  27. MANNER OF DEATH	bedrick Eilln	death but not recover (	this	26. F	)	ic Yu	Part I.  24e. WAS AN PERFOR  1 YES 2	MED?	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
1 □ YES 2 NO 27. MANNER OF DÉATH	26a. DATE OF		26b. TIME OF	lursing Ho	THO 6 A	asidence	6 D Other (Specify)  26d. DESCRIBE NOW II	NJURY OC	CURED	
Accident investig	ition	11 300	INJURY M	1 🗆	YES 2 [	□ NO				
3 Suicide 6 Could n 4 Homicide determin	ot be building.	OF INJURY — At home etc. (Specify)	ie, farm, street, t	actory, offi	Ce .		261. LOCATION (Street a City or Town, State)	and Numbe	r or Rural R	oute Number,
e lonel	PNYSICIAN: To the best of a									and menner as stated.
296. SIGNATURE AND TITLE OF CEI	41/2/1/	nus			1):	RY 4	16ER 168	29d. DA	I // 8	(Moren, Day, Year)
30. NAME AND ADDRESS OF PERSO DABS  31. DATE FILED (Month, Day, Year)	W A .	SE OF DEATH (ITEM	27) (Type, Print) AA	MC	- 1	AN.	UAPOLIS	IV	ND	21401
1/18/JAN 2	3 1990 Julia	Davidson-P	andell							OHMH-16 Rev 1/

BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

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_	HEGIOTIAN	OLITIN		A DEATH	REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)  John W	Adams			2. DATE OF DEATH		3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE (In yrs. lest birthdey)	IF UNDER 1 YE	AR IF UNDER 24 HRS.	2 DATE OF BIRTH	,1990	6:00 P.M.	
	202-01-8587 12/1201		MONTHS DAY	YS HOURS MIN.	7-7-19	02 "	Md.	
-	9a. FACILITY NAME (If not institution, give street and number)  Memorial Hospita	a 1	Eas	WN OR LOCATION OF D	EATH	oc. COUNTY OF DEATH Talbot		
5	RESIDENCE OF DECEDENT	**	100		142000			
DIMECTOR	100. STATE 100 COUNTY DORCHES	Lee H	LIP O	ocation &		10d. INSIDE CITY LIMITS? 1 \( \sum \text{ YES 2 } \sum \text{ NO} \)		
AL	100 STREET AND NUMBER	1 101		101. ZIP CODE	/	10g. CITIZEN	OF WHAT COUNTRY?	
FUNEHAL	K+#1 BOX 192 HURI	ock, Md.		2/64	43		USa	
	1 Never Married 2 Merried FORCES?	ENT EVER IN U.S. ARMED	If yes	s, specify Cuban, Mexic		or No- 14.	RACE — American Indian, Black, White, etc.	
1 24	3 Widowed 4 Divorced	E WAR OR DATES		YES 2 NO Speci	lly:		Black Black	
<u> </u>	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	18e. DECEDENT': (Give lidnd of life. Do NOT	work done during	PATION g most of working	16b. KIND OF BUS	SINESS/INDUST	ГЯ	
COMPLEIED	Elementary/Secondary (0-12) College (1-4 o	5+)	meR					
2	17. FATHER'S NAME (First, Midgle, Last)	1 / - 12	JIICK.	18. MOTHER'S N	AME (First, Migkelle, Malcien	Sumama)		
BE	Charlie Adams			Add	ie Adan	15		
2	190. INFORMANT'S NAME (Typo/Prigi)	19b. MAILIN	ADDRESS (SIT	192 Hu	Route Number, City or Tony	n, grete, Zip Coo	1643	
	20a. METHOD OF DISPOSITION  1 Burial 2 Chamation 3 Removal from State  4 Donation 8 Other (Specify)	20b. PLACE OF DISPO	OSITION (Name o	ct comotory, cromatory or Cementer	1 200.10	CATION - CHY	or Town, State,	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		22_NAM	E AND ADDRESS OF	KOLITY D. BOX 9	28 Hu	eloak, Md. 21643	
	Dennie Som	th	Be	nnie Sa	ith Func	ral 1	Home	
	23. PART I. Enter the diseases, or complications ahock, or heart failure. List only ons	thet caused the deeth. Do cause on sech lins.	not enter the	moda of dying, au	ch as cardiac or reap	ratory arrest	Interval Between	
	IMMEDIATE CAUSE (Final disease or condition	8	+ '	0. +	0.0.		Onset and Death	
	resulting in death) a	TO (OR AS A CONSEQUENCE OF THE PURPLE OF THE PURPLE OF THE PURPLE OF THE PURPLE OF THE PURPLE OF THE PURPLE OF THE PURPLE OF THE PURPLE OF THE PURPLE OF THE PURPLE OF THE PURPLE OF THE PURPLE OF THE PURPLE OF THE PURPLE OF THE PURPLE OF THE PURPLE OF THE PURPLE OF THE PURPLE OF THE PURPLE OF THE PURPLE OF THE PURPLE OF THE PURPLE OF THE PURPLE OF THE PURPLE OF THE PURPLE OF THE PURPLE OF THE PURPLE OF THE PURPLE OF THE PURPLE OF THE PURPLE OF THE PURPLE OF THE PURPLE OF THE PURPLE OF THE PURPLE OF THE PURPLE OF THE PURPLE OF THE PURPLE OF THE PURPLE OF THE PURPLE OF THE PURPLE OF THE PURPLE OF THE PURPLE OF THE PURPLE OF THE PURPLE OF THE PURPLE OF THE PURPLE OF THE PURPLE OF THE PURPLE OF THE PURPLE OF THE PURPLE OF THE PURPLE OF THE PURPLE OF THE PURPLE OF THE PURPLE OF THE PURPLE OF THE PURPLE OF THE PURPLE OF THE PURPLE OF THE PURPLE OF THE PURPLE OF THE PURPLE OF THE PURPLE OF THE PURPLE OF THE PURPLE OF THE PURPLE OF THE PURPLE OF THE PURPLE OF THE PURPLE OF THE PURPLE OF THE PURPLE OF THE PURPLE OF THE PURPLE OF THE PURPLE OF THE PURPLE OF THE PURPLE OF THE PURPLE OF THE PURPLE OF THE PURPLE OF THE PURPLE OF THE PURPLE OF THE PURPLE OF THE PURPLE OF THE PURPLE OF THE PURPLE OF THE PURPLE OF THE PURPLE OF THE PURPLE OF THE PURPLE OF THE PURPLE OF THE PURPLE OF THE PURPLE OF THE PURPLE OF THE PURPLE OF THE PURPLE OF THE PURPLE OF THE PURPLE OF THE PURPLE OF THE PURPLE OF THE PURPLE OF THE PURPLE OF THE PURPLE OF THE PURPLE OF THE PURPLE OF THE PURPLE OF THE PURPLE OF THE PURPLE OF THE PURPLE OF THE PURPLE OF THE PURPLE OF THE PURPLE OF THE PURPLE OF THE PURPLE OF THE PURPLE OF THE PURPLE OF THE PURPLE OF THE PURPLE OF THE PURPLE OF THE PURPLE OF THE PURPLE OF THE PURPLE OF THE PURPLE OF THE PURPLE OF THE PURPLE OF THE PURPLE OF THE PURPLE OF THE PURPLE OF THE PURPLE OF THE PURPLE OF THE PURPLE OF THE PURPLE OF THE PURPLE OF THE PURPLE OF THE PURPLE OF THE PURPLE OF THE PURPLE OF THE PURPLE OF THE PURPLE OF THE PURPLE OF THE PURPLE OF THE PURPLE OF THE PURPLE OF THE PURPLE OF THE PURPLE OF THE PURPLE OF THE	on:	reaso	gava	4	uncertai	
Z	Conventielly that conditions			erotic	Reartd	wear	el restau	
5	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	TO (OR AS A CONSEQUENCE	OF):					
2	CAUSE (Disease or Injury	TO (OR AS A CONSEQUENCE	OF):	<u> </u>				
CEHILLICATION	resulting in death) LAST							
CALC	PART II. Other algnificant conditions contributing		in the under	lying cause given in	Part I. 24s. WAS AN		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
EDIC	Gangrene of.	left foo	t		1 TES 2		COMPLETION OF CAUSE OF DEATH?	
Σ	- Ekronic ren	al gaile	ire		_		1   YES 2   NO	
AN	25. WAS CASE REFERRED TO MEDICAL			8. PLACE OF DEATH (C	hash sale sale			
PHYSICIAN:	EXAMINER? / HOSPITAL	2 DER/Outpatient 3 DOA	OTHER:	Home 5 Residence				
H	27. MANNER OF DEATH 28e. DATE	OF INJURY 286. TI		: INJURY AT WORK?	28d. DESCRIBE NOW	NJURY OCCUR	RED	
184	1 M Natural 5 Pending 2 Accident Investigation		M 1	YES 2 NO				
	3 Suicide 8 Could not be determined 28e. PLAC build	E OF INJURY — At home, farm ng, etc. (Specify)	street, fectory,	offica	28f. LOCATION (Street City or Yown, State)	and Number or I	Rural Route Number,	
COMPLETED	29s. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best							
- 1	29b. SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE N			IGNED (Month, Day, Year)	
TO BE	Robert W. Trev 30. NAME AND ADDRESS OF PERSON WHO COMPLETED	er, M.D.	- Polon		938		-5-90	
	RD3 Box 297	Faston		1.216	01			
	1411	TRAR'S SIGNATURE						
	ONIT 7 7911 4	Fichia Davidson Par	delle					

	FOR STATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
_	REGISTRAR	CERTIFICATE OF DEATH	REG. NO.

REGISTRAR		CERTIFIC	CATE OF	DEATH	REG. I	NO.	
1. DECEDENT'S NAME (First, Middle, Last)			11	1. 1	2. DATE OF DEATH	DAY YE	3. TIME OF DEATH
Newton	Jack		HO	ans	01	02 90	
4. SOCIAL SECURITY NUMBER 217-10-2147	1 № M 2 🗆 F		F UNDER 1 YEAR ONTHE DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year 02-01-1		SIRTHPLACE (State or Foreign Country) Maryland
9a. FACILITY NAME (If not institution, give s	treet and number)		b. CITY, TOWN	OR LOCATION OF D	EATH	9c. COUNTY	OF DEATH
PENINSULA GENERA					MARYLAND	WI	COMICO
10a. STATE 10b. COUNTY	icomico	10e. CITY, 1	TOWN OR LOC				10d. INSIDE CITY LIMITS?
10e. STREET AND NUMBER	1000160			sbury			1 X YES 2 NO
302 Lincol			1	21801			. S . A .
11. MARITAL STATUS 1 Never Married 2XXMarried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? XXYES IF YES, GIVE WAR OR	IN U.S. ARMED 3 2 NO DATES	13. WAS DE If yes, s 1 _ YE	pecify Cuben, Mexic \$ 2 (A) NO Speci	NIC ORIGIN? (Specify an, Puerto Rican, etc.) ly:	Yes or No- 14.	RACE — American Indian, Black, Whita, atc. Specify: White
15. DECEDENT'S EDU (Specify only highest grade	CATION	16a. DECEDENT'S US	SUAL OCCUPAT	ION	16b. KINO OF	BUSINESS/INDUST	RY
Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of won the Do NOT use n		nost of working	Bond	Bread	d
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S N	AME (First, Middle, Maid	den Sumeme)	
Frank	Adkins			Mar			smullen
19a, INFORMANT'S NAME (Type/Print)		19b, MAILING AL	DDRESS (Street		Route Number, City or		
Bessie Adkins	3				. Salisb		
		b. PLACE OF DISPOSIT		1,000			
20a, METHOD OF DISPOSITION X Burlal 2 Cremetion 3 Rem	oval from Stata	other place)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		LOCATION — City	
4 Donation 5 Other (Specify)	1	Springh:	The second second			Hebroi	n, Marylan
Suald C	Brun	1		nds Fun		e Salis	sbury, MD
Sequentielly list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evente	c	A CONSEQUENCE OF:  A CONSEQUENCE OF:  A CONSEQUENCE OF:	frac	to wife	ction.		
PART II. Other algoriticent condition	d	but not regulting in	the underly		Boot I are wee	AN AUTOPSY	24b. WERE AUTOPSY FINDIN
Bilatera	0 cvt		une underlyn	ng cause given ii	PER	FORMED?	AMILABLE PRIOR TO COMPLETION OF CAUSI OF DEATH?  1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL			26	PLACE OF DEATH (C	heck only one)		
EXAMINER?	HOSPITAL:		THER:		_		
27. MANNER OF DEATH  1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME O	OF 28c, II	Me 5   Reeldence	8 Other (Specify)  28d. DESCRIBE HO	W INJURY OCCURE	EO
2 Acoldent Investigation 3 Suicide 8 Could not be determined	28e. PLACE OF INJUR building, stc. (Sp	IY — At home, farm, streecily)			281. LOCATION (Str. City or Town, St	set and Number or Rivers)	tural Floute Number,
onel	ICIAN: To the best of my kno						use(a) and manner as stated
29b. SIGNATURE AND TITLE OF CHARLES	me,	,		DV5	1MBER 219		GNED (Month, Day, Year) 2 - 90
30. NAME AND ADDRESS OF PERSON WE Charles Ste	egman, M.D	. Mt. \		n Rd. Pi	rincess	Anne, N	40
JAN 4 °90	32. REGISTRAR'S SIG	TATURE TO THE TATE					

DHMH-16 Rev 1/89

BALLIMORE, MARYLAND	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within amounts after death. Page 6 may be retained by the hosy	TO THE FLINERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
BALLIMO	Jours after death. Page	ed in by the funeral direct, or removal,	medicai examiner n
BOX 13146,	tificate be executed within	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the is the filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal,	ther traumatic event, the
RECORDS, P.O.	requires that the death cer	een signed by the attending of Health and Mental Hygi	shows any injury, or of
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	INDING PHYSICIAN: The law	R: After this certificate has ber death with the State Dept.	is marked, or item 23
DIVIS	TO THE HOSPITAL OR ATTE	TO THE FUNERAL DIRECTOR	IMPORTANT: If item 28

	1 - STATE STATE STATE OF IT		IFICATE OF		MENIAL HYGIEN REG. NO	Ŀ	
7	1. DECEDENT'S NAME (First, Middle, Last)	02.11.1	10/112	DEATH	2. DATE OF DEATH	•	3. TIME OF DEATH
	TAMES ALAN	1 21	DERTUR		_	7,1990 YEAR	11:10 P.M
	4. SOCIAL SECURITY NUMBER 5. SEA	8. AGE (In yrs. last birthda		1	7. DATE OF BIRTH		ITHPLACE (State or Foreign
	220- 76- 2898 17 M 2 🗆 F	22 YRS	MONTHS DAYS	HOURS MIN.	(Month, Day, Year)	Cou	nkoma Pk., Md.
	9a. FACILITY NAME (If not institution, give street and number)		9b. CITY, TOW	OR LOCATION OF DE		9c. COUNTY OF	
=	Washington County Hospita	1					
2	RESIDENCE OF DECEDENT	_	nage	erstown		Meretra	ngton
DIMECTOR	10a. STATE 10b. COUNTY		CITY, TOWN OR LOC				10d. INSIDE CITY LIMITS?
	Maryland Washington	1	Williams	port			1 X YES 2   NO
A	10e. STREET AND NUMBER			101. ZIP CODE			F WHAT COUNTRY?
	213 S. Artizan St.			21795		U. S	S. A.
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced 12. WAS DEC FORCES? IF YES, GIVE	TEVER IN U.S. ARMED YES 2 MNO OR DATES	If yes,	ecendent of Hispan specify Cuben, Maxican ES 2 NO Specify		BI	ACE — American Indian, ack, White, etc.
COMPLETED	15. OECEDENT'S EDUCATION (Specify only highest grade completed)		T'S USUAL OCCUPA of work done during		18b. KIND OF BU	SINESS/INDUSTRY	
ij.	Elementary/Secondary (0-12) College (1-4 or 5	He. Do NO	T use retired.)	THOSE OF WORKING	777 4		
<u> </u>	12	Elec	ctrican		ELecti	rical UC	nstruction
5	17. FATHER'S NAME (First, Middle, Lest)			18. MOTHER'S NAI	ME (First, Middle, Maiden	Surname)	
BE	Vernon Walter Alderton			Bre	nda Jo Ald	derton	
2	19a. INFORMANT'S NAME (Type/Print)				Route Number, City or Tow		
-	Joel D. Rohrer Alderton				Williamspo		
	20a. METHOD OF DISPOSITION 1 Description 2 Comments on 3 Removal from State	other place)		cemetery, crematory or	1000	CATION — City or	
	4 Donation 5 Other (Specify)	Green La		rial Park		lliamsp	ort, Md.
	Lath	1 Buf Gan		ANO ADDRESS OF FAC	760	06 Boons	boro Pike
	John H. Bast, Jr.	200 b	BAST	FUNERAL	HOME, Boo	onsboro,	Md. 21713
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	(OR AS A CONSEQUENCE	E OF):	ua + Ox	Tverity fr	Afw-3	SULTON
	DARW II Other plantillocat and distance and distance	4 - 4 - 4 - 4 - 4					
PHYSICIAN: MEDICAL	PART II. Other algorificant conditions contributing to	death but not resulti	ng in the underly	ing cause given in	Part I. 24e. WAS APPERFO	RMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?  1 YES 2 NO
IA	25. WAS CASE REFERRED TO MEDICAL		26.	PLACE OF DEATH (Ch	eck only one)		
25	EXAMINER?  1 VES 2 NO 1 Input lent 2	☐ ER/Outpetient 3 ☐ DO	OTHER:	lome 5 🗆 Rasidenca	8 Other (Specify)	RT 40	W.
H	27. MANNER OF DEATH 28s. DATE Of (Month, in Month)	INJURY 28b.	TIME OF 28c.	INJURY AT WORK?	28d. DESCRIBE NOW		
ВУ	1 Netural 5 Pending 2 Accident Investigation	7 90 11		YES 2 NO	HIT by	CAY W	kle walking
	3 Suicide 8 Could not be 28a. PLACE 6	OF INJURY — At home, far , atc. (Specify)	rm, street, factory, o	ffice	281. LOCATION (Street City or Town, State	and Number or Ru	ral Route Number,
	4 Homicide datermined	Rt. 40	Wost	HATEVSKU	. MD	,	
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of MEDICAL EXAMINER: On the basis of a						se(s) end menner as stated.
BEC	296. SIGNATURE AND TIPGE OF CERTIFIER		_	29c. LICENSE NUI		29d. DATE SIGN	NED (Month, Day, Year)
	1.4. Weeks			17112	66	120	8,90
0	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CALL	580 Northe		Hagerstow	n, Md. 21	740	
	JAN 10 '90 32. REGISTR	abis signature Davidson—Randa	ue_				

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached anything 20 hours after death with the State Dent of Health and Mental Horlene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	1 - FOR STATE REGISTRAR	STATE OF MARYL			OF HEALTH AND	MENTAL HYGII			0 0100
	1. DECEDENT'S NAME (First, Middle, Lest) Angelina	Aruta				2. DATE OF DEATH MONTH	3 19	90	3. TIME OF DEATH 9:05 P M
	4. SOCIAL SECURITY NUMBER 265 41 2661	5. SEX 6. AGE	(In yrs. last birthday) 91 YRS.		/EAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year, 2-27-18	98	e. BIRTHP Country) New	York
20	9a. FACILITY NAME (If not institution, give  Readers Me				onsboro	EATN	Washington		
DIRECTOR	10s. STATE 16b. COUNT			ry, town or					10d. INSIDE CITY LIMITS?
FUNERAL	100. STREET AND NUMBER  15 Linbar Driv				10f. ZIP CODE 21740		USA		NAT COUNTRY?
2	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2 XNO	If y	S DECENDENT OF HISPA es, specify Cuban, Maxico YES 2 NO Speci	14. RACE Black, Specify	- American Indian, White, air. White		
PLEIED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)		16a. DECEDENT'S (Give kind of life, Do NOT) Homema	work done dur use retired.)	UPATION ing most of working	18b. KIND OF	BUSINESS/INDI	USTRY	
BE COMPL	17. FATHER'S NAME (First, Middle, Last) Anthony	Poggi			18. MOTHER'S NAME (First, Middle, Melden Surname) Rosa Barbieri				
2	John J. Aruta  20a. METHOD OF DISPOSITION	20	15 L:	inbar	Dr. Hag	erstown		217	
	1 X Buriel 2 Cremetion 3 Act 4 Donation 5 Other (Specify)	movel from State	ade Mer	moria Ge	l Park	Mi Curry linnich	ami, 1	Flor	
RIFICATION	23. PART I. Enter the disease, or shock, or heart fellure immediate cause (Final disease or condition resulting in death)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DU	A CONSEQUENCE (	0F):	e mode of dying, such			POT,	Approximate Interval Between Onset and Daath
MEDICAL CE	PART II. Other significent condition	d			erlying cause given in	PER	S AN AUTOPSY FORMED? S 2NO		WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO	HOSPITAL:	tpetient 3 DOA	OTHER:	26. PLACE OF DEATN (C				
BY PHYSICIAN:	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	20s. DATE OF INJURY (Month, Day, Year)	28b. Te	ME OF 2	8c. INJURY AT WORK? 1 YES 2 NO	28d. DESCRIBE HO	OW INJURY OCC	CURED	
2	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJUR building, etc. (Spe	Y — Al home, farm, ecity)	, street, fector	y, office	281. LOCATION (Str City or Town, S		or Rural R	oute Number,
COMPLE	anal -	SICIAN: To the best of my known							and manner as stated.
O BE		Tooth no			29c. LICENSE NU 1 80			I . Y	(Month, Day, Year)
	30. NAME AND ADDRESS OF PERSON W	TA, MD 3.	34 MIL	c 57	HAGE	STOWN,	MO	217	40
	JAN (Month, Day You)	32 MEGISTHAR'S SIGN	nature lon-yandala	2					

BALTIMORE, MARYLAND 21203-3146

ther death. Page 6 may be retained by the hospital or attending physician.
The funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1. 3 oval.

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO BE COM	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
examiner must be notified at once.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
he funeral director, page 5 should be detacheral.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache, be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.
ir death. Page 6 may be retained by the hosp	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 25 nours after death. Page 6 may be retained by the hosp

31. DATE FILED (Month, Day, Year)

AN 5 '90

32. REGISTRAR'S SIGNATURE

1. DECEDENT'S NAME (First, Middle, Last)	7 A C+3		.4	CATE OF	/ 0		2. DATE MONT	OF DEATH	lγ	YEAR	3. TIME OF DEATN
ENGENO	FOSTE	-		MMON	15		_/	2		90	16:40
4. SOCIAL SECURITY NUMBER 238-06-0227	5. SEX 1 M 2 D F	6. AGE (In yrs. last	-	MONTHS DAYS	HOURS	MIN.	7. DATE (Monti	of BIRTH h, Day, Year) ch 17,	1956	Country	th Caroli
Sa. FACILITY NAME (If not institution, give s	street and number)			9b. CITY, TOWN	OR LOCATI	ON OF DE	ATN		9c. COU	NTY OF DE	ATH
SUBURBAN RESIDENCE OF DECEDENT	HOSPIT	AL		Ве	thes	da			mo	NIG	OMER
10a. STATE 10b. COUNT	TGOME	Ry		TOWN OR LOCA		v 6					LIMITS?
10e. STREET AND NUMBER					. ZIP COD				10g. CITI		IAT COUNTRY?
9170 Centerway	Road				208	379			υ.	S.A.	
11. MARITAL STATUS 1 Never Married 2XXMerried 3 Widowed 4 Divorced	12. WAS DECEDEN	T EVER IN U.S. ARM YES TOTAL AR OR DATES		If yes, sp	CENDENT Concept Cubic 2XXNO	n, Mexica	n, Puerto I	I? (Specify Yea Rican, etc.)	or No-	Specify:	- American Indian, White, etc.
15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		(GIV	EDENT'S Use kind of we Do NOT use	JSUAL OCCUPATI ork done during me retired.)	ON ost of world	ng		KIND OF BUS			
9	Tables (11 a) a		Line	man			1	Electr	ic Ut	ilit	ies
17. FATHER'S NAME (First, Middle, Lest)			-		18. MOT	HER'S NA	ME (First, I	Middle, Malden	Sumame)		
Gene	Poste		Ammo			athle				Skip	per
Linda Y. Ammons				ADDRESS (Street Centerwa							0879
26a. METHOD OF DISPOSITION  1 Burlel 2X Cremation 3 Rem  4 Donation 5 Other (Specify)	noval from State	other pled	08)	TION (Name of ce			Inc.			City or Tow	n, State aryland
21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE			4							
23. PART I. Enter the diseases, or shock, or heart fellure.	List only one ceu	t coused the dea		ot enter the mo	oda of dy	ing, suc	h aa cere				Approximete Interval Betwee Onset and De
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disease or condition resulting in death)  Sequentially list conditions,	b	OR AS A CONSECU	UENCE OF	):	470	H//	7				Zang
disease or condition resulting in death)	b. DUE TO	(OR AS A CONSEO	UENCE OF	):	40	HI /	7				zang
Sequentielly liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events	b	(OR AS A CONSEO!	UENCE OF	):				24e. WAS AN PERFOR	MED?		WERE AUTOPSY FINDIN MAIL ABLE PRIOR TO COMPLETION OF CAUS OF DEATH?
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Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other aignificant condition  ALCOHOL  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATN  1 Natural 5 Pending	DUE TO  b. DUE TO  c. DUE TO  d	(OR AS A CONSEON (OR AS A CONSEON (OR AS A CONSEON (OR AS A CONSEON (OR AS A CONSEON (OR AS A CONSEON (OR AS A CONSEON (OR AS A CONSEON (OR AS A CONSEON (OR AS A CONSEON (OR AS A CONSEON (OR AS A CONSEON (OR AS A CONSEON (OR AS A CONSEON (OR AS A CONSEON (OR AS A CONSEON (OR AS A CONSEON (OR AS A CONSEON (OR AS A CONSEON (OR AS A CONSEON (OR AS A CONSEON (OR AS A CONSEON (OR AS A CONSEON (OR AS A CONSEON (OR AS A CONSEON (OR AS A CONSEON (OR AS A CONSEON (OR AS A CONSEON (OR AS A CONSEON (OR AS A CONSEON (OR AS A CONSEON (OR AS A CONSEON (OR AS A CONSEON (OR AS A CONSEON (OR AS A CONSEON (OR AS A CONSEON (OR AS A CONSEON (OR AS A CONSEON (OR AS A CONSEON (OR AS A CONSEON (OR AS A CONSEON (OR AS A CONSEON (OR AS A CONSEON (OR AS A CONSEON (OR AS A CONSEON (OR AS A CONSEON (OR AS A CONSEON (OR AS A CONSEON (OR AS A CONSEON (OR AS A CONSEON (OR AS A CONSEON (OR AS A CONSEON (OR AS A CONSEON (OR AS A CONSEON (OR AS A CONSEON (OR AS A CONSEON (OR AS A CONSEON (OR AS A CONSEON (OR AS A CONSEON (OR AS A CONSEON (OR AS A CONSEON (OR AS A CONSEON (OR AS A CONSEON (OR AS A CONSEON (OR AS A CONSEON (OR AS A CONSEON (OR AS A CONSEON (OR AS A CONSEON (OR AS A CONSEON (OR AS A CONSEON (OR AS A CONSEON (OR AS A CONSEON (OR AS A CONSEON (OR AS A CONSEON (OR AS A CONSEON (OR AS A CONSEON (OR AS A CONSEON (OR AS A CONSEON (OR AS A CONSEON (OR AS A CONSEON (OR AS A CONSEON (OR AS A CONSEON (OR AS A CONSEON (OR AS A CONSEON (OR AS A CONSEON (OR AS A CONSEON (OR AS A CONSEON (OR AS A CONSEON (OR AS A CONSEON (OR AS A CONSEON (OR AS A CONSEON (OR AS A CONSEON (OR AS A CONSEON (OR AS A CONSEON (OR AS A CONSEON (OR AS A CONSEON (OR AS A CONSEON (OR AS A CONSEON (OR AS A CONSEON (OR AS A CONSEON (OR AS A CONSEON (OR AS A CONSEON (OR AS A CONSEON (OR AS A CONSEON (OR AS A CONSEON (OR AS A CONSEON (OR AS A CONSEON (OR AS A CONSEON (OR AS A CONSEON (OR AS A CONSEON (OR AS A CONSEON (OR AS A CONSEON (OR AS A CONSEON (OR AS A CONSEON (OR AS A CONSEON (OR AS A CONSEON (OR AS A CONSEON (OR AS A CONSEON (OR AS A CONSEON (OR AS A CONSEON (OR AS	UENCE OF  UENCE OF  UENCE OF  DOAL  DOAL  20b. TIME	28. P OTHER: 4   Nursing Hot WRY M   1	g cause	given in	Part I.	PERFOR  1 VES 2  If (Specify)  SCRIBE NOW I	NJURY OCH	CURED / S	MARLABLE PRIOR TO COMPLETION OF CAUS OF DEATHY
Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury thet initieted events resulting in death) LAST  PART II. Other aignificant condition  A L CO LAO LA  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATN  1 Netural 5 Pending investigation  3 Suicide a Could not be detarmined  29a. CERTIFIER (Check only)	DUE TO b. DUE TO c. DUE TO d	(OR AS A CONSECTION OF INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND	UENCE OF  UENCE OF  UENCE OF  DOAL  28b. Time INJU.  Anno, farm, st	28. F OTHER: 4   Nursing Hot OF   28c. IN W I   I   Irrest, factory, offi	g cause	given in	Part I.  a Other  28d. DE:  28f. LOC City  to the car	PERFOR  1 YES 2  Per (Specify)  SCRIBE NOW I  CL D  CATION (Street or Town, State)	NJURY OCI	CURED  Sor Rural Robert  Field.	MARLABLE PRIOR TO COMPLETION OF CAUS OF DEATH?  1 VES 2 NO
Sequentially liet conditions, it any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury thet initiated events resulting in death) LAST  PART II. Other aignificant condition  ALCO ALO ALO  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATN  1 Natural 5 Pending Investigation  3 Suicide a Could not be detarmined  29a. CERTIFIER (Check only)	DUE TO  b. DUE TO  c. DUE TO  d	(OR AS A CONSECTION OF INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND INJURY AND	UENCE OF  UENCE OF  UENCE OF  DOAL  28b. Time INJU.  Anno, farm, st	28. F OTHER: 4   Nursing Hot OF   28c. IN W I   I   Irrest, factory, offi	g cause  LACE OF E  me 5  R  JURY AT  DRK?  YES 2 {  a and place  death occur	given in	Part I.  a Othe  28d. DE-  28f. LOC  City  a to the case time, date	PERFOR  1 YES 2  Per (Specify)  SCRIBE NOW I  CL D  CATION (Street or Town, State)	NJURY OCI  D W M  and Number S E in  noner se stated due to the	CURED  or Rural Ro  ted.  re ceuse(a)	MARLABLE PRIOR TO COMPLETION OF CAUS OF DEATH!  1 VES 2 NO

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - STATE REGISTRAR			C	ERTIF	ICATE	OF I	DEATH		REG. NO.			
1. DECEDENT'S NAME (First	, Middle, Last)								OF DEATH			3. TIME OF DEATH
Joshua	а Н.			+	nd	rec	25	MONT	H 03		YEAR	2305 ₩
4. SOCIAL SECURITY NUM		5. SEX	6. AGE (In yrs. I	ast birthday)	IF UNDER 1	YEAR	IF UNDER 24 HRS.	7. DATE	OF BIRTH			IPLACE (State or Foreign
220-01-	9501	1 M 2 F	8/	YRS.	MONTHS	DAYS	HOURS MIN.		18. 19	.909 Virgin <b>a</b> a		
Se. FACILITY NAME (If not in		treet and number)			9b. CITY. 1	TOWN OF	LOCATION OF D		10, 1		NTY OF D	
PENINSULA (			1.1						AND			
RESIDENCE OF DEC		L HUSFIII	1L		3/	ALIS	BURY, N	MKIL	AND		MICO	MICO
10a. STATE	10b. COUNTY	Υ		10c. CIT	Y, TOWN OR	LOCATIO	ON					10d. INSIDE CITY LIMITS?
Maryland	Woo	rcester			Gird	dlet	ree					1 YES 2 10 NO
10e. STREET AND NUMBER						101.	ZIP CODE			10g. CITI	ZEN OF Y	VHAT COUNTRY?
Box 1	142						21829				USA	
11. MARITAL STATUS		12. WAS DECEDEN					NDENT OF HISP			or No-	14. RACE	- American Indian,
1 Never Married 2 💢			YES 2 X	NO			offy Cuben, Mexic 2 12 NO Spec		Ricen, etc.)		Speci	k, White, etc.
3 Widowed 4 Dive	orced						30				WI	nite
15. DEC	EDENT'S EDU	CATION completed)	16e. 1	DECEDENT'S	USUAL OCC	CUPATION	V of wasking	16t	. KIND OF BUS	INESS/IND	USTRY	
Elementary/Secondary (		College (1-4 or 6		fe. Do NOT us	e retired.)	anny mode	o working					
3				Wa	terma	an			S	eafoc	od	
17. FATHER'S NAME (First, A	fiddle, Lest)						18. MOTHER'S N	AME (First,	Middle, Maiden	Surname)		
Joseph H	I. And	rews Sr.					S	addi	e Shor	t		
190. INFORMANT'S NAME (	Type/Print)			19b. MAILING	ADDRESS (	(Street en	d Number or Rura	Route Num	ber, City or Town	, Stote, Zip	Code)	
Louise F.	Andre	ews		Box 1	42, (	Gird	letree,	Mar	yland	2182	29	
20a. METHOD OF DISPOSIT			20b. PLAC	E OF DISPOS	SITION (Nom	ne of ceme	stery, cremetory or		20c. LO	CATION	City or To	wn, State
1 N Burial 2 Cremetion 3 Removal from State other place) 4 Donation 5 Other (Specify) Springh					ll Me	etho	dist		Gi:	Girdletree, Maryland		
21. SIGNATURE OF FUNERA	L SERVICE LIC	casque /					ADDRESS OF F					
1//	del	1//	*				is Fune					
11. [[200.00]	141	Elmu	_									id. 21863
23. ART 1. Enter the dishock, or himmediate Cause (Fidesese or condition resulting in death)	eart Inffire.	List only one car	office L	na.				cn ss car	alac or respi	ratory sn	rest,	Approximata interval Between Onset and Death
Sequentially list condit		b	OR AS A CONS									
cause, Enter UNDERLY CAUSE (Disease or Inic	ING	C										
that initiated events		DUE TO	(OR AS A CONS	EQUENCE O	F):							
resulting in death) LAS	"	d										
PART II. Other algnifica	ent condition	as contributing to	doub but no	resulting :	In the und	do els dese	course share h	- Flort I	24a, WAS AN	ALCTROPON	100	. WERE AUTOPSY FINDINGS
Trick in divide	- dilatto		doedii but no	readiting	in the und	an ry mrg	Cause given ii	ranci.	PERFOR		240	AMILABLE PRIOR TO
								_	1 TES 2	□ NO		OF DEATH?
												1 TES 2 NO
25. WAS CASE REFERRED 1 EXAMINER?	O MEDICAL	HOSPITAL:			OTHER:		ACE OF DEATH (C	heck only o	ne)			
			☐ ER/Outpatient	3 DOA			5 🗆 Reeldence	6 🗆 Oth	er (Specify)			
1 TES 2 NO		~						201.00	SCRIBE HOW II	LIEUDY OC	CURED	
27. MANNER OF DEATH	Pending Investigation	28e. DATE Of (Month, )	Dey; Year)		M		ES 2 NO	26d. DE	JOHNE HOW II	13011 00		
27. MANNER OF DEATH Netural 5  2 Accident		28e. DATE Of (Month, )	FINJURY Day, Year)  DF INJURY — At, etc. (Specify)	INJ	M	1 Y	ES 2 NO	28f. LO	CATION (Street a or Town, State)			Route Number,
27. MANNER OF DEATH    Netural 5   2   Accident 3   Suicide 8   4   Homicide  29a. CERTIFIER (Check only)	Could not be determined	28e. DATE Of (Month, )  28e. PLACE of building	Dey, Year)  DF INJURY — At, etc. (Specify)  f my knowledge,	home, farm,	street, factor	WOR	ES 2 NO	28f. LOC City	CATION (Street a or Town, State)	nd Number	r or Rurel i	Route Number,
27. MANNER OF DEATH    Netural 5   2   Accident 3   Suicide 8   4   Homicide  29a. CERTIFIER (Check only)	Investigation Could not be determined TIFYING PHYS DICAL EXAMINE	28e. DATE Of (Month, I/O) 28e. PLACE (building) ICIAN: To the best of CR: On the basic of CR:	Dey, Year)  DF INJURY — At, etc. (Specify)  f my knowledge,	home, farm,	street, factor	WOR	ES 2 NO	28f. LOC City	CATION (Street a or Town, State)	nd Number	ted.	
27. MANNER OF DEATH    MS   Netural   5   2   Accident   3   Suicide   8   4   Homicide    29a. CERTIFIER (Check only one)   2   MED	Investigation Could not be determined TIFYING PHYS DICAL EXAMINE E OF CERTIFIE	28e. DATE Of (Month, I/O) 28e. PLACE (building) ICIAN: To the best of CR: On the basic of CR:	Dey, Year)  DF INJURY — At, etc. (Specify)  If my knowledge, examination end/	home, farm, death occurr	ed at the tin	WOR	end place, and do	28f. LOC City	CATION (Street a or Town, State)	nd Number	ted.	s) end manner ee stated.

TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buntal-transit permit. Pages is filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

31. DATE FILED (Month, Day, Year)

JAN 08 90

32. REGISTRAR'S SIGNATURE

Pulia Davidson-Randall

DHMH-16 Rev t/89

DHMH-16 Rev 1/89

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a medius after death. Page 6 may be retained by the restricted by the function physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiens prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE CERTIFICATE OF DEATH REG. NO.												
- 1	1. DECEDENT'S NAME (First, Middle, Last)							DATE OF DEATH 3. TIME (					
9	JOHN	R.	• ALEXANDER				19	19		7:55 P M			
- 1	4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	(Mont	OF BIRTH		BIRTHPLA	CE (State or Foreign			
1	2 1 7 2 8 6 0 0 6 96. FACILITY NAME (If not institution, give st	1 M 2 D F	48 YRS.	DATS DATS	HOUNS IMM.	03-	12 - 41	4	rgir	nia			
				R LOCATION OF D	EATH		9c. COUNTY						
BY FUNERAL DIRECTOR	1838 Generals Hi	.ghway		Anna	apolis			Anne	Arur	ndel			
ᇤ	RESIDENCE OF DECEDENT  10e. STATE  10b. COUNTY  10c. CITY, TOWN OR LOCATION							10d. INSIDE CITY					
5	MD Anne	Arundel	polis				LIMITS?						
1	10e. STREET AND NUMBER	piiiia		ZIP CODE			10g. CITIZEN	100					
8	1838 Generals Highway				21401			USA					
3	11. MARITAL STATUS	12. WAS DECEDENT EVER II	IN U.S. ARMED 13. WAS DECEMBENT OF HISPANIC ORIG					American Indian,					
F	1 Never Merried 2 Merried	FORCES? 1 YES	ATES THO	an, Puerto fy:	Rican, etc.)	nlie, etc.							
	3 Widowed 4 X X Invorced			1 TYES	AR ·				V	White			
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	16a. DECEDENT'S L	ISUAL OCCUPATION ork done during moderation	N st of working	168	b. KIND OF BUS	INESS/INDUST	'RY				
iy	Elementary/Secondary (0-12)	College (1-4 or 5+)			0 1			. =					
M	9		Back H	oe Ope		$\rightarrow$	Calve		ilit	ries			
8	17. FATHER'S NAME (First, Middle, Last)	77.000.007.00			16. MOTHER'S N								
BE	James Randolph  190. INFORMANT'S NAME (Typo/Print)	Alexander			France								
임	Louise Kiehn		1166	Claire	Road,	Cro	wnsvi	lle,	MD	21032			
	20a. METHOD OF DISPOSITION	200	b. PLACE OF DISPOSI	TION (Name of coo	netery cometony or		200 1.00	CATION — City	or Town	Slate			
	1 Burlal 2 Cremation 3 Remo	oval from State	other place)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,								
	4 Donetton 5 Dotter (Specify) Hillcrest Cemetery Annapolis, MD  1. SIGNATURE OF FUNERAL SPRINCE UPENSEE 22, NAME AND ADDRESS OF FACILITY												
ō	Hardesty Funeral Home P.A.												
	· aux of	000			-					, MD			
	23. PART i. Enter the disesses, or complications that caused the death. Do not anter the mode of dying, such as cardiec or respiratory artest,  Annapolis MD Approximata shock, or heart failure. List only one cause on each line.												
	IMMEDIATE CAUSE (Final disease or condition ) Unmort angista artariagalaratic cardiavascular disease												
	disease or condition resulting in death)  Hypertensive arteriosclerotic cardiovascular disease  *********************************												
_	ADDETENDED AND CHRONIC AICONOLISM												
CERTIFICATION	Sequentially list conditions, If any, leading to immediate  b. DUE TO (OR AS A CONSEQUENCE OF):												
A	CAUSE (Disease or Injury												
Ē	that initiated events	DUE TO (OR AS /	A CONSEQUENCE OF	):									
ᇤ	resulting in death) LAST												
	PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pert I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS												
CAL	Diabetes mel	, could give in	PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAL										
	Diabetes mer.					1 X YES 2 NO		OF DEATH?					
Head only  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   Yes 2   NO								outh	1 (2) YES 2 - NO				
AN	25. WAS CASE REFERRED TO MEDICAL			26 PI	ACE OF DEATH (C	hack only o	one)						
SC	EXAMINER?  1 X YES 2 NO	HOSPITAL:		OTHER:									
Ϋ́	27. MANNER OF DEATH	28a. DATE OF INJURY	28b. TIME	OF 28c, INJ	e 5 ⊡®esidence URY AT	_	SCRIBE HOW II	NJURY OCCUR	ED				
	1 Natural 5 Pending	(Month, Day, Year)	INJU		PRK7 YES 2 NO								
ВУ	2 Accident Investigation 3 Suicide 8 Could not be	Y — At home, ferm, st	treet, factory, offic	reet, factory, office 28f. I			81. LOCATION (Street and Number or Rural Route Number,						
岜	3 Suicide 8 Could not be building, etc. (Specify)  City or Town, State)												
BE COMPLETED	29a_CERTIFIER  (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated.												
\$	(Check only 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.  2 MEDICAL EXAMINER: On the best of examination end/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.												
ठ	296, SIGNATURE AND TITLE OF DESTREY				29c. LICENSE NUMBER			29d. DATE SIGNED (Mont					
	24/1/0/1	MINK	77		200		1-20-90						
2	30. MAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF DE	EATH (ITEM 27) (Type,	Print)	OCME				20-9	J			
	Julia C. Goodin,	M.D.		111	Penn St	B	alto.	MD 2	1201				
/	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	NATURE					-					
	1011 0 0 10	00 16 1	. Burda DO	_									

BALTIMORE, MARYLAND 21203-3146

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

_	REGISTRALI		OLITTII ICA	ALL OF BLATTI	HEG. NO							
	1. OECEOENT'S NAME (First, Middle, List)  CLARA  A. AVERS  2. DATE OF DEATH MONTH   DAY   1998   2.3											
	4. SOCIAL SECURITY NUMBER 341-28-5119	5. SEX 8. AGE (		UNDER 1 YEAR IF UNDER 24 HRS THS DAYS HOURS MIN.	. 7. DATE OF BIRTH (Month, Dey, Year)	8.1	BIRTHPLACE (State or Foreign					
œ	9a. FACILITY NAME (If not institution, give at	treet and number)	96	CITY, TOWN OR LOCATION OF	DEATH	90- COUNTY	OF DEATH					
BY FUNERAL DIRECTOR	HOMEWOOD HO	Spital Dol	14h Ir	saltimore		Mart	more City					
	Maryland Beltin	non City	Bal	TIMOS		10d. INSIDE CITY LIMITS? 1 PYES 2 NO						
	717 HOMESTEAD ST.			2/2/8	?	10g. CITIZEN OF WHAT COUNTRY?						
	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— If yea, specify Cuban, Mexican, Puerto Rican, etc.)  1  YES 2 NO Specify:								
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed)  College (1-4 or 5+)	AL OCCUPATION done during most of working fred.)  If Telegraphic and the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second	18b, KIND OF BU	SINESS/INDUST	ke-						
	17. FATHERYS VAME (First, Middle, Last)	Free			NAME (Fight, Middle, Maide	Sumame)	1/m 15					
TO BE	19a. INFORMANT'S NAME (Type/Pold)	Avers		PRESS (Street and Number or Ru	al Picute Number, City of To	vn, State, Zip Coo	21 21218					
	20s. METHOD OF DISPOSITION  1/2 Burial 2 Cramation 3 Removal from State  20b. PLACE OF DISPOSITION (Name of camplery, cramatory or prior place)  20c. LOCATION — City or Town, State  4 Donation 5 Other (Specify)  4 Donation 5 Other (Specify)											
	21. SIGNATURE OF PUNITIAL SERVICE LIC	Pletch	4.	22. NAME AND ADDRESS OF	there of Sox	Wes	triste Pd.					
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  S. VENTR; CULAR ARRYTHM: A To DAT											
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events  DUE TO (OR AS A CONSEQUENCE OF):  IN FATCLION  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):											
ERT	reaulting in death) LAST	d										
MEDICAL C	PART II. Other significant condition	in Part I. 24a. WAS A PERFO	AUTOPSY RMED?	24b. WERE AUTOPSY FINDINGS AMULABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?								
_					1 - YES 2 NO							
AN	25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)											
Sic	EXAMINER?	HOSPITAL: 1 Winpetient 2 - ER/Outp		HER: Nursing Home 5 - Resident	te 8 □ Other (Specify)							
PHYSICIAN:	27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	28c. INJURY AT WORK?	28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED							
BY	2 Accident Investigation	28e. PLACE OF INJURY	— At home, ferm, stree	M 1 YES 2 NO	2 NO 281. LOCATION (Street and Number or Rural Route Number,							
TED	Suitable S Could not be detarmined building, etc. (Specify)    A   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homic											
COMPLETED	29a. CERTIFIER (Check only one)  2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated.											
BE	D Awar	MD		01691	24	DOI	ONEO (Month, Day, Year)  15 \ 19 95					
2	J. ANSAR AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) South hospital BALTIMANE J. ANSAR BALTIMANE											
	31. DATE FILED (Manin, Day) (Sur)	A. REGISTHAR'S SIGN				1 140	1. 41-18					

YEAR 90

BIRTHPLACE /State

REG NO

2. DATE OF DEATH

7. DATE OF BIRTH

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

4. SOCIAL SECURITY NUMBER

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I OF VITAL RECORDS, P.O. BOX 13146	9
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	IE MORETAL DE KETTERINISE DUVESTARI. The law manifes that the death restificate he executed u
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25, 220-07-5617 1 X M 2 | F 68 HOURS YRS. MARYLAND OCT. 1921 Pages 1, 2, 3 phould Se. FACILITY NAME (If not institution, give street end number) 9c. COUNTY OF DEATH 96, CITY, TOWN OR LOCATION OF DEATH DIRECTOR HOLY CROSS HOSPITAL SILVER SPRING MONTGOMERY RESIDENCE OF DECEDENT 10a. STATE 10h COUNT 10e CITY TOWN OR LOCATION 10d. INSIDE CITY MARYLAND MONTGOMERY ROCKVILLE 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? use as the burial-transit 4402 BAYNE STREET 20853 USA attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 X YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. 1 Never Married 2 X Merried If yes, specify Cuben, Mexican, Puerto Rican, etc.) IF YES, GIVE WAR OR DATES 1 TYES 2 XNO Specify BY 3 Widowed 4 Divorced WHITE WWII COMPLETED 15. DECEDENT'S EDUCATION ecify only highest grade comple 18e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Spi the hospital or detached for Elementary/Secondary (0-12) College (1-4 or 5+) POSTAL INSPECTOR U.S. GOVERNMENT 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surneme) ELBERT E. ABBOTT, SR. GLADYS F BATCHLOR retained by BE page 5 should notified 19e, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Flural Floute Number, City or Town, State, Zio Code) 2 ANNE T. ABBOTT (WIFE) 4402 BAYNE STREET, ROCKVILLE, MARYLAND 20853 pe ě 20a, METHOD OF DISPOSITION
1 

□ Burlet 2 □ Cremation 3 □ Removal from State 20b. PLACE OF DISPOSITION (Name of cametery, cramatory or 20c. LOCATION - City or Town, State Page 6 may must funeral director, Donetion 5 C Other (Specify) \_ GATE OF HEAVEN CEMETERY SILVER SPRING, MARYLAND 21. SIGNATURE OF PURILLE SERVICE LICENSEE examiner FRANCIS J. COLLINS FUNERAL HOME, INC. death. 500 UNIVERSITY BLVD., W., SIL. SP., MD 2090 removal. medical . Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, filled in by Approximate shock, or heart failure. List only one cause on each line. Interval Between Onset and Daath INWEDIATE CAUSE (Fine) completely filler the disease Dr condition event, resulting in death) DUE TO (OR'AS A CONSEQUENCE and com o burial, traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) has been signed by the attending physician a Dept. of Health and Mental Hygiene prior to if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury other 1 DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST 0 Injury, PART II. Other contributing to death but not resulting in the undarlying cause given in Part I. 24e. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? MON any YES 2 7 NO YES 2 NO PHYSICIAN: 23 25. WAS CASE REFERRI EXAMINER? 1 D YES 2 NO ED TO MEDICAL tem 26. PLACE OF DEATH (Check only one) certificate h YES 2 - NO CLEMET OTHER: Inpatient 2 - ER/Outpatient 3 - DOA 4 Nursing Home 5 Residence 8 Other (Specify) 9 27. MANNER OF DEATH DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT with t 28d. DESCRIBE HOW INJURY OCCURED marked, Natural Accident 5 Pending 1 YES 2 NO BY 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 40 3 Sulcide 6 Could not be DIRECTOR: J COMPLETED 28 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) end menner as stated FUNERAL WITHIN 72 1 TO THE HOSPITA
TO THE FUNERA
De filed within 77
IMPORTANT: 1 ation end/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and manner se stated, BE 2 Xx Me 32. REGISTRAR'S SIGNATURE wha Davidson DHMH-18 Rev 1/89

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

IF UNDER 1 YEAR

IF UNDER 24 HRS.

6. AGE (In yrs. lest birthday)

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DIVISION OF VITAL RECORDS, P.O. BOX 13146,

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-mours after death. Page 6	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral direct has find within 72 hours after death with the State Deat, of Health and Mental Horiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner m
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Ann M. Dixon,
31. DATE FILED (Month), Day, Year)

JAN 16'90

												90		018	07
	FOR STATE REGISTRAR	STATE OF MA				T OF H			MENTA	L HYGIEN	E				
	1. DECEDENT'S NAME (First, Middle, Last)		OL.	-1///11	IOAII	_ 01	DLA	-	2 DATE	OF DEATH			2 TIM	E OF DEATH	-
		Tnorman				,			MONT	H D/		YEAR			
	John 4. SOCIAL SECURITY NUMBER	Ingram 5. SEX	. AGE (In yrs. les	A first at a		CK R 1 YEAR	IF UNDER		7 0475	OF BIRTH	3	90	_	: 25 (State or Fore	A M
	220-04-4973	1 X M 2 F	7 2	YRS.	MONTHS	DAYS	HOURS	MIN,	(Mont)	/16/1	000	Country	v)		Hgn
			70	THO.						/16/1			-	and	
_	9e. FACILITY NAME (If not institution, give at				9b. CIT	Y, TOWN O			ATH		9c. COU	NTY OF DI	F DEATH		
6	Dorchester General Hospital				Cambridge Dorchester								er		
DIRECTOR	RESIDENCE OF DECEDENT  10s. STATE 10b. COUNTY				10c. CITY, TOWN OR LOCATION 10d. INSIDE							INDE OITY			
<u>E</u>				10C. CIT	LIMI						MITS?				
9	4	chester			Cambridge							_	ES 2 K N	10	
FUNERAL	10e. STREET AND NUMBER				10f. ZIP CODE					ZEN OF W	HAT CO	OUNTRY?			
1	Park Drive							<u> 1613</u>		US					
5	11. MARITAL STATUS	12. WAS DECEDENT   FORCES? 1	EVER IN U.S. AR	MED	13.	WAS DECI	ENDENT C	F HISPAN	IIC ORIGII	I? (Specify Yes Rican, etc.)	or No-	14. RACE	— Ame	ericen Indian etc.	i, I
BY	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAS	R OR DATES			1 YES				mount, wice,				hite	
E	15. DECEDENT'S EDUC (Specify only highest grade		(Gi	ive kind of	work done	during mos		ng	168	. KIND OF BUS	INESS/INC	DUSTRY			
<u> </u>	Elementary/Secondary (0-12)	College (1-4 or 5+)		Do NOT u						24					
4	12			Del	liveryman					New	spap	ers			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						18. MOTI			Middle, Maiden	- '				
BE	George H	Henry :	Beck,	SR.				Wan	ıda	Brad	ham				
5	19a. INFORMANT'S NAME (Type/Print)		191							ber, City or Town			_		
F	George H. Beck, SR. P.O. Box 800 Cambridge, Md. 21613														
	20s. METHOD OF DISPOSITION 1 V Buriel 2 Cremation 3 Removal from State  20b. PLACE OF DISPOSITION (Name of cemetery, crematory or other place)  20c. LOCATION — City or Town, State														
	4 Donation 5 John (Specify)   East New Market Cemetery   East New Market, Md											Md.			
	21. SIGNATURE OF TUNERAL BERVICE UCENSEE  22. NAME AND ADDRESS OF FACILITY Thomas Funeral Home														
- 1	700 Locust St. Cambridge, Md. 21										216	13			
	AGIT WITHER														
- 1	23. PART (/Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory errest,   Approximate   Interval Between   Interval Between   Interval Between   Interval Between   Interval Between   Interval Between   Interval Between   Interval Between   Interval Between   Interval Between   Interval Between   Interval Between   Interval Between   Interval Between   Interval Between   Interval Between   Interval Between   Interval Between   Interval Between   Interval Between   Interval Between   Interval Between   Interval Between   Interval Between   Interval Between   Interval Between   Interval Between   Interval Between   Interval Between   Interval Between   Interval Between   Interval Between   Interval Between   Interval Between   Interval Between   Interval Between   Interval Between   Interval Between   Interval Between   Interval Between   Interval Between   Interval Between   Interval Between   Interval Between   Interval Between   Interval Between   Interval Between   Interval Between   Interval Between   Interval Between   Interval Between   Interval Between   Interval Between   Interval Between   Interval Between   Interval Between   Interval Between   Interval Between   Interval Between   Interval Between   Interval Between   Interval Between   Interval Between   Interval Between   Interval Between   Interval Between   Interval Between   Interval Between   Interval Between   Interval Between   Interval Between   Interval Between   Interval Between   Interval Between   Interval Between   Interval Between   Interval Between   Interval Between   Interval Between   Interval Between   Interval Between   Interval Between   Interval Between   Interval Between   Interval Between   Interval Between   Interval Between   Interval Between   Interval Between   Interval Between   Interval Between   Interval Between   Interval Between   Interval Between   Interval Between   Interval Between   Interval Between   Interval Between   Interval Between   Interva														
- 1	IMMEDIATE CAUSE (Finsi												Death		
	resulting in death)   a. Gunshot wound of head (rifle)														
	DUE TO (OR AS A CONSEQUENCE OF):														
Z	Sequentially list conditions b.														
E	Sequentially list conditions, If any, leading to immediate														
2	cause. Enter UNDERLYING CAUSE (Disease or Injury														
CERTIFICATION	that initiated events resulting in death) LAST														
#	d														
	PART II. Other algnificant condition	a contributing to d	eath but not r	reaulting	In the u	nderlying	cause	given in	Part I.	24a, WAS AN	AUTOPSY	24b.	WERE	AUTOPSY FINI	DINGS
3	PER								PERFOR		COMPLETION OF CAUSE				
<u></u>										1XXYES 2	□ NO	- 1	OF DE		
Σ	UEAD ONLY										0				
PHYSICIAN: MEDICAL	HEAD ONLY														
ठ	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHE		ACE OF D	EATH (Ch	eck only o	10)					_
YSI	1 ☑ YES 2 ☐ NO														
표	27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)  28b. TIME OF 28c. INJURY AT INJURY WORK?							28d. DESCRIBE HOW INJURY OCCURED						
BY	1 Netural 5 Pending 1/13/90 A M 1 YES 2X NO							NO	Self inflicted						
	3 Suicide s Could not be 28e. PLACE OF INJURY — At home, farm, atreet, factory, office building, etc. (Specify)						•	28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)							
	Darking lot/in auto							201	Green	e St	. Cami	bri	dge.MI	D	
PLE	29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(s) end menner ea stated.														
COMPLETED	one) 2 🗵 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(s) and menner as stated.														
	29b. SIGNATURE AND TITLE OF CERTIFIE					1		ENSE NUI							
BE	A () ()							•	ATE SIGNED (Month, Day, Year)						
2	OCME 1/14/90														

- Deputy Chief 113
32. REGISTRAR'S SIGNATURE

111 Penn St.

Balto.,MD

DHMH-18 Rev 1/89

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within to the Hospital or state of may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages billed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

R ATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
GISTRAR	CERTIFICATE OF DEATH	REG. NO.

	1 - FOR STATE OF MARYLAND / DEPARTMENT OF HE CERTIFICATE OF I		REG. NO.		0 01000
	1. DECEDENT'S NAME (First, Middle, Last) Tulia A. Bowman	2. DATI	E OF OEATH	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER  5. SEX  6. AGE (In yrs. lest birthdey)  F UNDER 1 YEAR  212-16-7722  1  MONTHS  DAYS	HOURS MIN. (Mon	OF BIRTH th, Day, Veer)		NPLACE (State or Foreign try)
20101	RESIDENCE OF DECEDENT	ESS ANNE 1	Md	Som	Erset
	10e. STATE  10e. CITY, TOWN OR LOCATION  10e. CITY, TOWN OR LOCATION  10e. STREET AND NUMBER  10e. STREET AND NUMBER	/			10d. INSIDE CITY LIMITS? 1 YES 2 NO
ONEDAL	P.D. Box 144 Cristield Md, 2	ZIP CODE  -1817  NDENT OF HISPANIC ORIGI		U.	what country?
-		ify Cuben, Mexican, Puerto		Spec	E - American Indian, och, White, atc.
L'ELED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementery/Secondary (0-12)  College (1-4 or 5+)  16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most life. Do NOT use retired.)		b. KIND OF BUSINE	SS/INDUSTRY	
P P	17. FATHER'S NAME (First, Middle, Last)	18. MOTHER'S NAME (First,	Middle, Meiden Sum	iame)	
	DAMES MILLS	JENNIE	JONK:	S	
2	PEAT BALL P. D. BOX 144	Number or Rural Route, Nur	mber, City or Yown, St	SI 7	
	20a. METHOD OF DISPOSITION 1 Disposition 3 Permoval from State 4 Donation 5 Other (Specify)	CEMETAI	20c. LOCATI	ON - City of T	own, State
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND  314	PADDRESS OF FACILITY  Ove St. (	"isfile	9me	21817
	23 PART I. Enter the diseases, or complications that caused the death. Do not anter the mod ahook, or heart failure. List only one cause on each line.	e of dying, such as ca	rdiac or reapireto	ory arrest,	Approximata Interval Between
	IMMEDIATE CAUSE (Final disease or condition resulting in death)  a. Due to (or as a consequence of):				Onset and Death
ILICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events  DUE TO (OR AS A CONSEQUENCE OF):  Congature Wat Tar	lune			
2	resulting in death) LAST				
MEDICAL	PART II. Other algorificant conditions contributing to death but not resulting in the underlying	cause given in Part i.	24s. WAS AN AUT PERFORMEI 1 VES 2 —	07	b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 JAMP
THI SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:	ICE OF DEATH (Check only	one)	_	
5	1 YES 2 NO 1 Inpatient 2 ER/Outpetlent 3 DOA 4 Nursing Nome	5 Residence 8 Ott			
10	1 Netural 5 Pending (Month, Dey, Year) INJURY WOR 2 Accident Investigation	IK7 ES 2 NO	EŞCRIBE NOW INJU		
ונה	3 Suicide  8 Could not be determined  28e. PLACE OF INJURY — At home, farm, street, fectory, office building, stc. (Specify)		CATION (Street and y or Town, State)	Number or Hurel	Route Number,
COMPLETED	29s. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data a medical examines. On the basis of examination and/or investigation, in my opinion, de				(e) and manner se stated.
		29c. LICENSE NUMBER	26		D (Month, Day, Year)
0 0	ET GULL MD  30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)	D18			-90
	SJ Colwell MD				
	31. DATE FILED ANN 1000 90 32. REGISTRAR'S ATOMATURE PANDALLE				
	MIT (1'G)				DNMH.18 Rev 1/8

DHMH-16 Rev 1/89

0 21203-3146

1 - STATE REGISTRAR	STATE OF MARY	LAND / DEPARTM CERTIFIC			MENTAL HYGII				
1. DECEDENT'S NAME (First, Middle, Las JOHN CAT	VIN BOWE				2. DATE OF DEATH	3, 1990 YE	3. TIME OF DEATH 9:15 PM M		
4. SOCIAL SECURITY NUMBER 214-09-3382	1X M 2 🗆 F	73 YRS. MO		IF UNDER 24 HRS. HOURS MIN.		24,1916	SIRTHPLACE (State or Foreign Country) Maryland		
301 Pheasant Tr		96	Hager	Stown	EATH	Wash	of DEATH lington		
nesidence of decedent 10a. state 10b. coul Maryland V	my Mashington		own or Location				10d. INSIDE CITY LIMITS?  1 YES 2 X NO		
100. STREET AND NUMBER 301 Pheasant Ti	eail		101.	ZIP CODE 1740			OF WHAT COUNTRY?		
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	8 2 NO	13. WAS DECE	NDENT OF HISPAN	IIC ORIGIN? (Specify n, Puerto Rican, etc.)	Yes or No- 14.	RACE American Indian, Black, White, etc. Specify: White		
15. DECEDENT'S E (Specify only highest on Elementary/Secondary (0-12)	College (1-4 or 8 +)	16a. DECEDENT'S USI (Give kind of work life. Do NOT use re Laborer	done during mos.	of working		BUSINESS/INDUST	RY		
12 17. FATHER'S NAME (First, Middle, Last)		Laborer		18. MOTHER'S NA	ME (First, Middle, Mail		t Machines		
John Calvi	n Bowers	Sr.		Anna	Belle	Lucas			
Rachael V. Bow	vers				Route Number, City or Hagerstow				
26a, METHOD OF DISPOSITION  1 Surfel 2 Cremation 3 R  4 Donation 5 Other (Specify)	emoval from State	ob. PLACE OF DISPOSITION Of the place) Rose Hill	ON (Name of cem	etery, cremetory or	20c.	LOCATION — City			
21. SIGNATURE OF FUNERAL SERVICE	l Bran	In	Andre	W K. Cof	fman Fun	eral Hom			
IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS  Hypert  DUE TO (OR AS  C. Chron:	ac asytol s a consequence of): tensive c s a consequence of): te brain s a consequence of): ral vascu	ardiov	rascula	r disea	se	20 yrs.		
PART II. Other significant condit	lona contributing to death	but not resulting in t	the underlying	cause given in	PER	AN AUTOPSY FORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		THER:	ACE OF DEATH (C)	a Cher (Specify)				
27. MANNER OF DEATH  **Construct 6 Pending Investigation  2 Applicant Investigation	26e. DATE OF INJUR (Month, Day, Year	Y 286. TIME C	OF 26c. INJU	IRY AT		OW INJURY OCCUR	ED		
2 Accident Investigation 3 Suicide 6 Could not determined	28e. PLACE OF INJU	RY — At home, farm, stre	et, factory, office		281. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
3 Suicide 6 Could not be determined building, sic. (Specify)  20. CERTIFIER (Check only one)  20. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and menner as state one)  20. MEDICAL EXAMINER: On the best of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the									
296. SIGNATURE AND TITLE OF CERTIF	- kn	m		29c. LICENSE NU D0993		29d. DATE SI ▶ 1/5	ONED (Month, Day, Year)		
30. NAME AND ADDRESS OF PERSON  L. L. Packe	r, Jr., M.	D. 145 W	· Wash	ington	St., H	agerst	own, MD. 21		
JAN 08 '90	32. REDISTRAR'S SI	ONATURE PRINCEPE	NI S			· · · · · · · · · · · · · · · · · · ·			

ntar ga nërita permis dhe kata natitat ni mprin yan ma k

DALI IMORE,	rs after death. Page 6 may	by the funeral director, pag removal.
DIVISION OF VITAL RECORDS, P.O. BOA 13149,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, pay be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

	FOR 1 - STATE REGISTRAR	STATE OF I	MARYLAND A	DEPAR	TMENT OF	HEALTH F DEA	H AND I	MENTAL	HYGIEN	E		
	1. DECEDENT'S NAME (First, Middle, Last)	George	Michae					2. DATE	OF DEATN		YEAR	3. TIME OF DEATH
	George M.		wers						ary 4		TEAR	2:25 p.mm
	4. SOCIAL SECURITY NUMBER	S. SEX	MONTHS DAYS HOURS MIN (Month, Day, Year) Country),									PLACE (State or Foreign
	213-12-7800	1 → M 2 □ F	85	YRS.				-	30, 1			
OR	9a. FACILITY NAME (If not institution, give street and number) Western Maryland Ceriter 1500 Pennsylvania Avenue  9b. CITY, TOWN OR LOCATION OF DEATH Hagerstown, MD  Washii											
EG	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY	1		10c. CIT	Y, TOWN OR LO	CATION						10d. INSIDE CITY
L DIRECTOR	10c. STREET AND NUMBER 11 W. Baltimore St. 21740 USA											LIMITS?
FUNERAL												THAT COUNTRY?
Ē	11. MARITAL STATUS  1 Never Married 2 Married		T EVER IN U.S. A				OF HISPAN			or No-	14. RACE Black	— American Indian, , White, atc.
五	IF YES, GIVE WAR OR DATES  1 □ YES 2 NO Specify:  White											te
ED	15. DECEDENT'S EDU (Specify only highest grade		16a. D	ECEDENT'S	USUAL OCCUP	TION	kina	16b.	KIND OF BUS	BINESS/IND	USTRY	
I/E	Elementary/Secondary (0-12)	College (1-4 or 5	+)	. Do NOT u	se retired.)		nur igi	_				
3	8	_	С	abine	t make	_			urnitu		ompa	ny
COM	17. FATHER'S NAME (First, Middle, Last) Harry B. Bowers						a Lee		tiddle, Malden	Sumame)		
BE	19a. INFORMANT'S NAME (Type/Print)		1,	h MAII IM	ADDRESS (Stre					e Otata 7in	Codel	
2	Paul M. Bowers				3, Box							
185	20a. METHOD OF DISPOSITION  1X Burtel 2 ☐ Cremation 3 ☐ Rem	oval from State	other p	ince)	SITION (Name of					CATION —	11000	
E	4 □ Donation 5 □ Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIK	PENGEF	_   Sh	ankto	wn Cem	- E		CHITY		lg Po	ol,	Maryland
	50.8		~	/			UNER?					2/1 017/0
8	Lou	/	mur								_	Md. 21740
	23. PART I. Enter the diseases, or shock, or heart failure.	complications the List only one car	nt coused the duse on each lin	eeth. Do e.	not enter the	node of d	lying, auc	h aa card	lac or reapi	ratory arr	eat,	Approximata Interval Batween
	IMMEDIATE CAUSE (Final disease or condition											Onaet and Death
1	resulting in death)	41	ngestiv			lure	<u> </u>					weeks
-					·	~ ~						
CERTIFICATION	Sequentially list conditions, If any, leading to immediate		Chemic (or as a const			50						years
3	cause. Enter UNDERLYING CAUSE (Disease or Injury	C										
TIFI	that initiated events resulting in death) LAST	DUE TO	(OR AS A CONSE	OUENCE C	F):							
E H	resulting in duatri) CAST	d										
AL C	PART II. Other aignificant condition	na contributing to	death but not	resulting	In the underl	ing cause	given in	Part I.	24a. WAS AN		24b.	WERE AUTOPSY FINDINGS
	Multiple decub	oiti							PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAUSE
MEC												OF DEATH?
AN: MEDIC												
CIAI	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER:	PLACE OF	DEATH (Ch	neck only on	0)			
YSI	1 TYES 2 TO NO	1 🖫 Inpatient 2		_	4 - Nursing I	ome 5 🗆	Residence	5 🗆 Other	r (Specify)			
BY PHYSICIAN: MEDIC	27. MANNER OF DEATH  1 Natural 5 Pending Investigation	28a. DATE Of (Month, i	F INJURY Day, Year)	25b. Til	JURY	INJURY AT WORK? YES 2	□ NO	28d. DES	CRIBE HOW I	NJURY OCC	CURED	
	3 Suicide 6 Could not be		OF INJURY — At h	ome, farm,	street, factory, c	ffica			ATION (Street in	and Number	or Rural F	Toute Number,
TED	4 Homicide determined											
PL	29a. CERTIFIER (Check only 1 CERTIFYING PHYS	ICIAN: To the best o	f my knowledge, d	leath occur	red at the time, o	ate and pla	ice, and due	to the cau	ree(a) and mar	nner as stat	ed.	
BE COMPLETED	one) 2 MEDICAL EXAMINE	ER: On the bests of a	examination and/or	Investigati	on, in my opinio	i, death oci	cured at the	time, data	and place, an	d due to th	e cause(s	) and menner as stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIE	R	0			29c. L	ICENSE NU	MBER		29d. DATI	E SIGNED	(Month, Day, Year)
10	K. W. Mar	Mc.	/ · R. M		n. M.D	D-	26416	5		Ja	nuar	y 4, 1990
-	30. NAME AND ADDRESS OF PERSON WA	/				o II	romet.	01.200 24	יום מו	40		
	Rose M. Chan, M.I				-	e, nag	gerst	own, M	ID 21/4	× U		
	JAN 05 '90'	Julia D	avidson-R	ndale								

	1. DECEDENT'S NAME (First,		Leota						MON	of DEATH DA	ĭ8 199	3. 1 00	7:12 P.
	4. SOCIAL SECURITY NUMB 234-72-5917		5. SEX	6. AGE (In	yrs. last birthday) YRS.	MONTHS	DAYB	HOURS MIN	Mar.	of BIRTN	0	Country) W. Va	CE (State or Foreign
стоя		nty Me		morial Hospital					DEATN	9c. COUNTY OF C			1
DIRECT	RESIDENCE OF DEC	10b. COUNTY	Presto	n	10c. CIT	ry, town	OR LOCAT		ra Al	ta			I. INSIDE CITY LIMITS?
AL	104. STREET AND NUMBER	202	High St.				101	. ZIP CODE	26764				COUNTRY?
BY FUNER	11. MARITAL STATUS 1 Never Married 2 3 Widowed 4 Divo	Married erced	12. WAS DECEDED FORCES? IF YES, GIVE	YES	2 NO		If yes, sp	ENDENT OF NIS	ricen, Puerto	Ricen, etc.)	or No 14	Specify:	American Indian, lita, etc.
LETED	15. DEC (Specify onl) Elementary/Secondary (0	EDENT'S EDU y highest grade 1-12)	CATION completed) College (1-4 or 5		Ille. Do NOT u	work done ise retired.)		ON ast of working	16	b. KIND OF BUS		STRY	
COMPL	8 17. FATNER'S NAME (First, M Joseph Harr		ordan		House	wife	_			Don Middle, Maiden therine			
TO BE	190. INFORMANT'S NAME (I	ype/Print)			196. MAILING 207 E			and Number or Ri	ral Route Nun		n, State, Zip Co	ode)	
	20e. METNOD OF DISPOSITI	Specify)		0	LACE OF DISPO ther place) 1easant	Val	1ey	Cemete	У	P.	cation—ch ch Lyn		
	21. BIGNATURE OF FUNEAU		Wrigh	ht		Ar	thur	H. Wrighland	ght F				
CERTIFICATION	Sequentially list condition resulting in death)  Sequentially list condition in any, leading to immecause. Enter UNDERLY CAUSE (Disease or Injuthat Initiated events resulting in death) LAS	diate ING Iry	c. DUE TO	OR AS A C	ONSEQUENCE C	OF):  OF):  OF):	Va	eul	1/1				
: MEDICAL	PART II. Other significa	in Coranio	s contributing to	o death but	not resulting	in the u	ndenyin	g cause giver	in Part I.	24a, WAS AN PERFOR	MED?	COL	RE AUTOPSY FIN ILABLE PRIOR TI MPLETION OF CA DEATH?  YES 2 N
CIAN	25. WAS CASE REFERRED TO EXAMINER?	O MEDICAL	HOSPITAL:			OTHE	R:	LACE OF DEATN					
	27. MANNER OF DEATN		16 Inpatient 2		28b, Til	_	28c. IN.	JURY AT DRK? YES 2 NO	-	er (Specify)	NJURY OCCU	RED	
Y PHYSICIAN:		Pending Impetiontion	(Month, )										
ED BY	2 Accident 3 Suicide 6	Pending Investigation Could not be determined	28e. PLACE	OF INJURY , etc. (Spec/ly	- At home, farm,	street, fac	tory, offic	•		CATION (Street a y or Town, State)		Rurel Route	Number,
ВУ	2 Accident 3 Suicide 4 Nomicide  29e. CERTIFIER (Check only	Could not be determined	28e. PLACE	, etc. (Specify	lge, death occur	red at the	time, data	end place, and	due to the co	y or Town, State)	nner as atated	1.	

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Amours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit per be filed within 72 hours after death with the State Dept. of Health and Mental Hyghene prior to burial, cremation, or removal.

IMPORTANT: If Nem 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21203-3146

TO BE COMPLETED BY FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	iner must be notified at once.
or removal.	medical exam
il Hygiene prior to burial. cremation,	or other traumatic event, the
of Health and Ment	shows any injury
he State Dept. of	Item 23
er death with t	8 is marked, or
曹	8

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1 - FOR STATE REGISTRAR		STATE OF M				F HEALTH AND	MENT	AL HYGIENE REG. NO.	•		
1. DECEDENT'S NAME (First,		BETTY N, BETTY	E FRAN	NCES BOWMAN			TE OF DEATH	90	YEAR	8:50 A M	
4. SOCIAL SECURITY NUMBER				. last birthday)	IF UNDER 1 YE	EAR IF UNDER 24 HRS AYS HOURS MIN.		E OF BIRTH rith, Day, Year) -25-193!		B. BIRTHPI	LACE (State or Foreign
218-34-05		1 M 2 F	54	4 YRS.	Ob CITY TO	OWN OR LOCATION OF		-25-1 <b>9</b> 3	9c. COUNT		
		ORE MEDIC	AL CE	NTED		OWSON	DEATH	1		TIMO	
RESIDENCE OF DEC	CEDENT		AL CLI						DAL	11110	114
10a. STATE	10b. COUNT				Y, TOWN OR L						Od. INSIDE CITY LIMITS?
Maryland	Howa	ard		EII	Licot	t City					YES 2 NO
8410 Churc		20				101. ZIP CODE 2104	3			U.S	AT COUNTRY?
11. MARITAL STATUS	in nar	12. WAS DECEDENT	EVER IN U.S.	ARMED	13. Wh.f	DECENDENT OF HISE		SIN? (Specify Year			
1 Never Married 2	Married	FORCES? 1 [	YES 24	NO.	If ye	YES 2 XNO Spe	Ican, Puert			Black, Specify:	- American Indian, White, atc.
3 Widowed 4 Divo	rced					, 100 t (3/210 sp.				орчону.	White
	EDENT'S EDU		16a.	Give kind of w	work done durin	JPATION ing most of working	1	6b. KIND OF BUS	INESS/INOU	STRY	
Elamentary/Secondary (0	)-12)	College (1-4 or 5+)		Iffe. Do NOT us		iana man		u. C.	Da	owd	of Educ.
17. FATHER'S NAME (First, M	ficialia ( net)		108	are ter	.la M	lanager	_	t, Middle, Maiden S		aru	or Educ.
IN TO MENON TO SERVICE TO	Edwar	nd	5	Smith		Hile		(, MIGGIO, MENGOTE S	SURTIBITIES		
19a, INFORMANT'S NAME (1		Lu	-i		ADDRESS (S	treet and Number or Rur		imber, City or Town	. State, Zip C	Code)	
Vickie Le	e Ko	cher	- 1								MD 21227
20a. METHOD OF DISPOSIT	ION		20b. PL/	ACE OF OISPOS	SITION (Name	of cemetery, crematory of	OY.		ATION — C		
4 Donation 5 Other		toval from State	God	od She	epher	d Cemet	ery	E11	icot	t C	ity,MD
21. SIGNATURE OF FUNERAL BERVICE LICENSET  22. NAME AND ADDRESS OF FACILITY  Slack Funeral Home											
M00535 Ellicott City, Maryland 21043											
23. PART I. Enter the d	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory arrest,  Approximate										
immediate cause (Fir		List only one caus	K on sach	lina.	1	1 _					Onset and Death
disease or condition resulting in dasth)	$\rightarrow$	. (tira	lores	Dirat	oru 6	mast					
		DUE TO (	OR AS A CO	MEQUENCE OF	A.	1 -110	`	1			
Sequentially list condit	tions.	b. Recus	rest	ASEQUENCE OF	<u>curce</u>	e over	la	- Carl	11108	ny	1
If any, lasding to imme cause, Entar UNDERLY	diata	002 10 (	UH AS A COM	ISEQUENCE OF	-):						
CAUSE (Disease or inju		c. DUE TO (	OR AS A COP	NSEQUENCE OF	F):						
resulting in death) LAS	iT	d									
DADT is Other classifies	ant conditio		do náb bosa se		for the consti	at also as a second second	In Direct	T		Lauri	
PART II. Other significa	int condition	ns contributing to t	aam but n	or resulting i	in the unde	rrying csuse given	in Part I.	24e. WAS AN / PERFORI		1	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE
								1 TYES 2	□ NO		DF DEATH?
										1	I YES 2 NO
25. WAS CASE REFERRED T	O MEDICAL					26. PLACE OF DEATH	(Check only	one)			
EXAMINER?  1 YES 2 NO		HOSPITAL:	ER/Outpatier	nt 3 DOA	OTHER:	g Home 5 🗆 Residen					
27. MANNER OF DEATH		26s. DATE OF	INJURY	28b. TIM	E OF 28	c. INJURY AT		DESCRIBE HOW IN	JURY OCC	URED	
	Pending Investigation	(Month, Da	y, 19ar)	INJ	M 1	WORK? 1 YES 2 NO					
2 Accident 3 Suicide 8	Could not be	28e. PLACE OF	FINJURY — A	At home, farm, s	street, factory	office	28f. L	OCATION (Street a	nd Number o	or Rural Ro	ute Number,
4 Homicide	determined							ny or rown, orano,			
29a. CERTIFIER 1 CERT	TIFYING PHYS	SICIAN: To the best of I	my knowledge	a, death occurre	ed at the time	, data and place, and	dua to the	cause(a) and man	ner as state	d,	
one) 2 MED	HCAL EXAMIN	ER: On the besis of ax	amination and	d/or investigatio	ın, in my opin	ilon, death occured at	the time, d	eta and placa, and	d dua to the	cause(s)	and manner so stated.
296. SIGNATURE AND TIPLE	E OF CENTIFIE	R Della la	2			29c. LICENSE I			29d. DATE	BIGNED (	Month, Day, Year)
ZNUMM	( )	Mulle	M			D 20	163	7	•	1-10-	90
30 NAME AND ADDRESS O				(ITEM 27) (Type,	, Print)						
		NE, G.B.M.									
31. DATE FILED (Month, Days	2~90	32. REGISTRAI	Davidson	n- Andel	82						

St 115-4

ath for a set of the set of

Fleury

JAN 1 1 '90

Paul

305

10th.

St

32. REGISTRAP'S SIGNATURE
Julia Davidson-Randall

Pocomoke

ars after death. Page 6 may be retained by the hospital or attending physician.	led in by the funeral director, page 5 should be detached for use as the burial-transit, or removal.	medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Lors after death. Page 6 may be retained by the hospital or attending physician,	TO THE FUNERAL DIRECTOR; After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit he fleet with the State Deut, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR	STATE OF M	ADVI AND /	DEDAG	TRACA	T 05 U	FAITU	AND	AFNITA	UVCIEN	-	90	018	313
	1 - STATE REGISTRAR	SIAIE UT M		ERTIF					MENIA	REG. NO.	E			
	1. DECEDENT'S NAME (First, Middle, Last)	_	,						2. DATE	OF DEATH	Y	YEAR	3. TIME OF DE	ATH
	Talmadge B		eauchai	~					01	- 09		90		5 A M
	4. SOCIAL SECURITY NUMBER 213-24-4921	5. SEX	A DE ROUTE DAYS HOURS MIN.							OF BIRTH		Countr		Foreign
	9a. FACILITY NAME (If not institution, give at			J 1110.	9h CIT	r TOWN C	R LOCATION	ON OF DE		29-19		Mar NTY OF D	yland	
H	Hartley Hall N		Home			ocom		OIL OI DE	AITI			rces		
DIRECTOR	RESIDENCE OF DECEDENT									110.	LCC	rei		
E	Maryland Somer					OR LOCAT	Anne						10d. INSIDE CIT	
	MALYLAND NUMBER	set		PL	THE		AIIII				40. 017		1 YES 2	-
FUNERAL	Rt.#2 Box 100					101	218					USA	VHAT COUNTRY?	
S	11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. AF	MED	13.	WAS DEC			VIC ORIGIN	I? (Specify Yea			E — American Inc	flen.
	1 Never Married 2 Married	FORCES? 1	YES 2 X	NO		If yes, sp		n, Maxica	n, Puarto	Rican, etc.)			k, White, atc.	
D BY	3 Wildowed 4 Divorced												"White	5
E	15. DECEDENT'S EDUC (Specify only highest grade	completed)	(G	IVe kind of Do NOT u	work done	durina mo	ON at of working	g	16b	. KIND OF BUS	INESS/INI	DUSTRY		
PLE	Elementary/Secondary (0-12)	College (1-4 or 5 +)	)	arm										
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						18. MOT	HER'S NA	ME (First, I	Middle, Maiden	Surname)			
BE C	Tubman Thomas E	Beaucham	ar				Ma:	ry A	Anna	Long				
TO B	19a. INFORMANT'S NAME (Type/Print)		-	b. MAILING	ADDRES	S (Street a				ber, City or Town		Code)		
F	T. Boise Beauchamp Rt.#1 Box 42, WESTOVER, Md. 21871  20g. METHOD OF DISPOSITION (Name of cemetery, cramatory or 20g. LOCATION — City of Town, State													
	20a, METHOD OF DISPOSITION 1 X Burlel 2 Cremetion 3 Reme	oval from State	other ni	lacal				natory or						
	4 Donation 5 Other (Specify)	annar.	Quir	nton			TY ADDRE			Poc	omo.	ke,	Ma.	
	21. SIGNATURE OF FUNERAL SERVICE LIC	CNOCE			22.	Vats	On	& Me	elso	n Fun	era	1 Hc	ome	
	PO BOX 64, Pocomoke, Md.											21851		
	23. PART I. Enter the disease, or complications that ceused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart failure. List only one cause on each tine.  Approximate interval Between													
	IMMEDIATE CAUSE (Finel disease or condition resulting in death)											Onaat a	nd Death	
	resulting in death)		OR AS A CONSE											
~			(011 70 71 001102	OUDITOR O	. ,.									
ERTIFICATION	Sequentielly list conditions, if any, leading to immediate	DUE TO	OR AS A CONSE	OUENCE C	NF):									
S	cause. Enter UNDERLYING CAUSE (Disease or Injury	c												
TE	that initiated events resulting in death) LAST	DUE TO	OR AS A CONSE	QUENCE C	HF):									
CER		d												
	PART II. Other algorificant condition	a contributing to	death but not	reaulting	In the u	nderlyln	g cause	given in	Part i.	24s. WAS AN PERFOR		24b	. WERE AUTOPSY AWAILABLE PRIO	
MEDICAL										1 YES 2			COMPLETION OF	
ME													1 YES 2	NO NO
ä														
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHE		ACE OF D	EATH (Ch	eck only o	70)				
ΗXS	1 YES 2 NO  27. MANNER OF DEATH	1 Inpetient 2 I	HI COLONIA	28b, TII		28c. INJ		esidence	6 Othe	r (Specify) SCRIBE HOW I	N HIRV OC	CHRED		
	1 Natural 6 Pending	(Month, De			JURY	WC	YES 2	□ NO	200. DE	SCHIBE HOW I	NJUHY OC	COHED		
) BY	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF	F INJURY — At h	ome, farm,	street, fac	tory, offic			281. LOC	ATION (Street	and Numbe	r or Rural i	Route Number,	-
TEC	4 Homicide determined	bullang,	atc. (Specify)						City	or Town, State)				
COMPLETED	29a. CERTIFIER (Check only 1 CERTIFYING PHYSI	CIAN: To the best of	my knowledge, d	eath occur	red at the	time, dete	and place	, and due	to the ca	use(a) and ma	ner es sta	rted.		
OM	one) 2 MEDICAL EXAMINE												s) and menner as	stated.
ш	296. SIGNATURE AND TITLE OF CERTIFIER	7					29c. LIC	ENSE NUI	MOER		29d. DA	TE SIGNED	(Month, Day: Yes	r)
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DHMH-16 Rev 1/89

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within any after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-to filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

31. DATE FILES (Month, Day, Year)

JAN 1 0 '90

	FOR STATE REGISTRAR	STATE OF	MARYLAND /		TMENT				MENT	AL HYGIEN	E		
	1. DECEDENT'S NAME (First, Middle, Last)									E OF DEATN	i.t		3. TIME OF DEATH
ľ	POLLY	EMMA		BIIF	RTON				MON	7 D	199	YEAR	M
	4. SOCIAL SECURITY NUMBER	5. SEX	5. AGE (In yrs. les							E OF BIRTH			PLACE (State or Foreign
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ВУ	3 Widowed 4 Divorced		MAR OR DATES					Specif			1	Specif	
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Ĕ	15. DECEDENT'S EDU (Specify only highest grade		/G	ive kind of	Work done di	CUPATIO	ON lat of work	ing	1	66. KIND OF BU	SINESS/IND	JSTRY	11/2/19/19/19
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BE	19e. INFORMANT'S NAME (Type/Print)		191	b. MAILING	ADDRESS	(Street a	and Numbe	or Rural	Route Nu	mber, City or Tow	n, State, Zip	Code)	
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20s. METHOD OF DISPOSITION 1-12-90 1 M Buriel 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify)  20s. PLACE OF DISPOSITION (Name of cemetary, cremetory or other place) WICOMICO MEMORIAL PARK  SALISBURY, MD 2													
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	23. PART I. Enter the diseases, or	complications th	aused the de	eath. Do				_				_	Approximate
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WHO COMPLETED CAUSE OF DEATH (ITEM 27) (1700, Print)

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TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

31. DATE FILED (ModIA P

PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print)

32. REGISTRAR'S SIGNATURE

Galia Savidson-Randale

1. DECEDENT'S NAME (First, Middle, Last Maraar et	C. Be	rgaret	Cecel	ia Be	ehnk	en		2. DATE	OF DEATH	AY 9	YEAR	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 212-05-9091	5. SEX 1 🗆 M 2 🖵 F	6. AGE (In yrs.		IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS.	(Mont	(Month, Day, Year) Country)			· ·
9a. FACILITY NAME (If not institution, give	21	0.	)	9h CITY	TOWN C	OR LOCATI	ON OF B	Feb.	11,11	V -	-	THE SAME AND ADDRESS OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PAR
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Maryland Har	ford		Edgewood						1 YES 2 NO			
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11. MARITAL STATUS	12. WAS DECEDER			13. V	MAS DEC	ENDENT C	F NISPA	NIC ORIGI	N? (Specify Yes		14. RACI	E — American Indian,
1 Never Married 2 K Merried	1  Never Married 2  Merried FORCES? 1  YES 2  NO IF YES, GIVE WAR OR DATES					2 NO			Ricen, etc.)		Spec	k, White, etc.
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Elementary/Secondary (0-12)	College (1-4 or 5	+)	life. Do NOT u		c-							
3			Housewife									
17. FATHER'S NAME (First, Middle, Last)  Bernard ——	Frist								Middle, Maiden			
	LITSC			Jennie — Quinn								
19e. INFORMANT'S NAME (Type/Print)									nber, City or Tow			
Dolores L. Fisch	er							Edge	M, boows			
20e. METHOD OF DISPOSITION 1 1 Topological 2 Cremation 3 Re	moval from State	other	place)							CATION -		
4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE I		_ Lou	idon P	ark (	'eme	terv	7		I T	321+17	more	, Md.
23 PART i Enter the diseases of	complications th	of caused the	death Do	HC 13	NAME AN OWAY 317	d K. Coke	ss of FA McC sbur	omas y Ro	III F	unera	al H	ome PA Maryland 21
23. PART I. Enter the diseases, pahock, or heart failure immediate CAUSE (Finel disease or condition resulting in death)				HC 13	NAME AN OWAY 317	d K. Coke	ss of FA	Comas Y Ro th ss car	III F ead, Ab	unera	al H	-
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198_BEFORMANT'S NAME (TyperPrint)  198_BEFORMANT'S NAME (TyperPrint)  208_BEFORD OF DISPOSITION 1	ETE	(Specify only highest gre	ade completed)	(Give kind of work	done during most of working	16b. KIND OF BUSINESS/INDU	STRY
19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  20c. METHOD OF DISPOSITION 1	1 Eors-		PiKula	, , , ,	18. MOTHER'S N	AME (First, Middle, Melden Surname)	7
Security   2   Cremellon 3   Removal from State   A   Donation 8   Other (Specify)		Trank D. E	Brentza	19b. MAILING ADD	DRESS (Street and Number or Rural	Route Number, City or Town, State, Zip (	Code)
23. PART I. Enter the diseases, or complications the caused on seeth. Do not anter the mode of dying, such as cerdiac or reapiratory arrest, shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  But you be and but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED?  PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED?  Approximation interval B Onset and Island Island Island Island Island Island Island Island Island Island Island Island Island Island Island Island Island Island Island Island Island Island Island Island Island Island Island Island Island Island Island Island Island Island Island Island Island Island Island Island Island Island Island Island Island Island Island Island Island Island Island Island Island Island Island Island Island Island Island Island Island Island Island Island Island Island Island Island Island Island Island Island Island Island Island Island Island Island Island Island Island Island Island Island Island Island Island Island Island Island Island Island Island Island Island Island Island Island Island Island Island Island Island Island Island Island Island Island Island Island Island Island Island Island Island Island Island Island Island Island Island Island Island Island Island Island Island Island Island Island Island Island Island Island Island Island Island Island Island Island Island Island Island Island Island Island Island Island Island Island Island Island Island Island Island Island Island Island Island Island Island Island Island Island Island Island Island Island Island Island Island Island Island Island Island Island Island Island Island Island Island Island Island Island Island Island Island Island Island Island Island Island Island Island Island Island Island Island Island Island Island Island Island Island Island Island Island Island Island Island Island Island Isla		1 Burial 2 Cremetton 3 Re	emoval from State	MID VETER	M (Name at complete) cremetory or an 5 Cem.	20c. LOCATION - CI	Sule MA
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Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  d.  PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED?  ANUADABLE PRIOR			or complications that shows	d the faath Do not	nation the made of distance of	th as cerdiac or respiratory arre	
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PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED?  AMULABLE PRIOR	ATION	ahock, or heart failur IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate	a. DUE TO (OR )	A CONSEQUENCE OF):	lympho	ma of Bo	Interval B
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25. WAS CASE REFERRED TO MEDICAL  FXAMINFR?  26. PLACE OF DEATH (Check only one)	MEDICAL CERTIFI	ahock, or heart failur IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL	a. DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  d  lons contributing to death i	A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):  but not resulting in the	lympho  ne underlying cause given in  28. PLACE OF DEATH (C	Part I. 24a. WAS AN AUTOPSY PERFORMED?  1 YES 2 NO	24b. WERE AUTOPSY F ARALLABLE PRIOR COMPLETION OF OF DEATH?
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   YES 2   NO	MEDICAL CERTIFI	ahock, or heart failur IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Olsease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions EXAMINER?  1  YES 2 NO	b. DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  HOSPITAL:	A CONSEQUENCE OF):  A CONSEQUENCE OF):  Dut not resulting in the	he underlying cause given in  28. PLACE OF DEATH (CITHER:	Part I. 24a. WAS AN AUTOPSY PERFORMED?  1 YES 2 NO	24b. WERE AUTOPSY F ARALLABLE PRIOR COMPLETION OF OF DEATH?
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   YES 2   NO	PHYSICIAN: MEDICAL CERTIFI	ahock, or haart failur IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditi  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO  27. MANNER OF DEATH  1  Maturel 5 Pending	a. DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  Lons contributing to death in the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of	A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):  but not resulting in the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the cons	he underlying cause given in  28. PLACE OF DEATH (C THER:   Nursing Home 5   Residence F 28c. INJURY AT WORK?	Part I. 24a. WAS AN AUTOPSY PERFORMED?  1 YES 2 NO	24b. WERE AUTOPSV F ARALABLE PRIOR COMPLETION OF OF DEATH?  1 YES 2

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TO BE COMPL

2 MEDICAL EXAMINER: On the basis

Kichpedson MD

DHMH-16 Rev 1/89

104 Forbes Street Ann Apolis, Md. 2140,

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Larrence Street Larrence Street

BOX 13146, 0 RECORDS, DR ATTENDING PHYSICIAN: The OF DIVISION

this certificate h

After death

DIRECTOR: A

Item

31. DATE FILEO (Month, Day, Year)

9 1990

32. REGISTRAR'S SIGNATURE

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH DAY JOSEPH BROWN Jan. ROLLINSON 02 1990 1007 PM 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year BIRTHPLACE (State or Foreign Country) MONTHS DAYS HOURS MIN 1 M 2 F 1919 217-09-1889 June 8 Pennsylvania 9b. CITY, TOWN OR LOCATION OF DEATH So. FACILITY NAME (If not institution, also street and number) 9c. COUNTY OF DEATH DIRECTOR NORTH ARUNDEL HOSPITAL GLEN BURNIE COUNTY A.A. RESIDENCE OF DECEDENT 10a. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Anne Arundel Glen Burnie 1 YES 2 NO 10e, STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 204 5th Ave. S.E. 21061 USA 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE - American Indian, Black, White, etc. FORCES? 1 X YES 2 IF YES, GIVE WAR OR DATES If yes, specify Cuban, Mexican, Puerto Ric 1 YES 2 NO Specify: 1 Never Married 2 Married Specify: BY 3 Widowed 4 Divorced White ED 15. DECEDENT'S EDUCATION 16s. DECEOENT'S USUAL OCCUPATION 16h, KIND OF BUSINESS/INDUSTRY (Specify only highest grade comp (Give kind of work done life. Do NOT use retired.) ㅂ Elementary/Secondary (0-12) College (1-4 or 5+) COMPL 12th None Mechanic United Parcel Service Clara.First, Middle, Meiden Surname) 17. FATNER'S NAME (First, Middle, Last) UNKNOWN BE Augustus Brown Montgomery 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Flurel Route Number, City or Town, State, Zip Code) 2 Gloria 204 5th Ave. S.E., Glen Burnie, Maryland Brown 20a. METNOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION -- City or Town, State Burial 2 Cremetion 3 Removal from State Donation 6 Other (Specify) Elkridge, Maryland Meadowridge Memorial Park 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 1 SECOND AVE. S.W. SINGLETON FUNERAL HOME, GLEN BURNIE, MD 21061 23. PART I. Enter the diseases, or complications that assess the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata shock, or heart fallure. List only one se on each line. Interval Betwe Onset and Death disease or condition resulting in death) mona DUE TO (OR AS A CONSES CERTIFICATION Sequentially list conditions. DUE TO JOH AS A CONSEQUENCE if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events reaulting in death) LAST PART II. Other algnificent conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MEDICAL AWAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO OF GEATH? 1 TYES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one) HOSPITAL: OTHER: 1 YES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA me 5 - Residence 6 - Other (Specify) 6 27. MANNER OF DEATH 28a, DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked, 1 Netural 5 Pending 1 TYES 2 NO BY Investigation 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Sulcide 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 40 ED 6 Could not be 4 Homicide 28 щ 29a. CERTIFIER

1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and piece, and due to the cause(a) and manner as stated. COMPL TO THE HOSPITAL
TO THE FUNERAL I
Be filed within 72 h
IMPORTANT: If I 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNEO (Month, Day, Year) BE 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF GEATH (ITEM 27) (Type, Print) CHARLES WU. 7845 OAKWOOD ROAD, #204 M.D. GLEN BURNIE, MARYLAND 21061

ONMN-16 Rev 1/89

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BALTIMORE, MARYLAND 21203-3146

		permit.	
הארוווויסטבי ווואטוראווים לולמפיפואם	hours after death. Page 6 may be retained by the hospital or attending physician.	lled in by the funeral director, page 5 should be detached for use as the burial-transit   , or removal.	e medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, 1:0: DOX 13145,	THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit, be filed within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to bunial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be netified at once.

	REGISTRAR  1. DECEDENT'S NAME (First, M.	iddle, Last)		- 01	-MIII	CAIL	OF DE	АІП	REG. N	0.		3. TIME OF DEATH
A	Adela	M.	Baxi	Nove	ک				MONTH -	- pag	90	SPM
	4. SOCIAL SECURITY NUMBER 214-36-2097	E.	5. SEX 6	AGE (In yrs. les	-	IF UNDER	1 YEAR IF U	NDER 24 HRS.	7. DATE DF BIRTH (Month, Day, Year)		8. BIRT Coun	HPLACE (State or Foreign try)
	90. FACILITY NAME (If not instit				96. CITY, TOWN OR LOCATION OF DE			6/27/	13	Ma	Shington, D.	
	Regency Nurs	ing Ho					estvil	EATH		nce (	George	
		06. COUNTY			10c. CITY, TOWN OR LOCATION					-	10d. INSIDE CITY	
	MD		Clinton							1 TES 2 NO		
	10e, STREET AND NUMBER				10f. ZIP (	1 1 1 1			TIZEN OF	WHAT COUNTRY?		
	8600 Mike Shapiro Drive						207	35		USA		The state of
	11. MARITAL STATUS 1 Never Merried 2 Merried 3 X Widowed 4 Divorced 12. WAS DECEDENT E FORCES? 1 IF YES, GIVE WAR			YES 2 X		H		Suban, Mexica	NIC ORIGIN? (Specify Vin, Puerto Ricen, etc.) y:	fee or No-	Spec	E — Americen Indien, ck, White, etc. clly: white
COMPLETED	15. DECED (Specify only h	ENT'S EDUC	ATION completed)				CUPATION furing most of w	indilna	16b. KIND OF 8	USINESS/II		MILLE
	Elementery/Secondary (0-12		College (1-4 or 5+)	lite.	emake	e retired.)		og	own ho	ome	m	
	17. FATHER'S NAME (First, Midd Anthony Whiti							aother's na ith Da	ME (First, Middle, Meidl Ant	on Surname)		
	19a. INFORMANT'S NAME (Type				19b. MAILING AOORESS (Street and Number or Rural Route Number, City or Town, Stele, Zip Code)							
	Sandra Holtz			26	36 H	eron	Lane	North	Clearwat	er F	lori	da 34622
	20a METHOD OF DISPOSITION 1 N Burlel 2 Cremation 4 Donation 5 Other (S)	Ceda:	of Dispos r Hi	L1 Ce	me of cometery, emetery	cremetory or		itlar				
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY Robert E. Wilhelm Funeral Home, Inc. Suitland Maryland 20746								Inc.			
٦	23. PART I. Enter the dise	eses, or co	omplications that	eused the de	eth. Do						rrest,	Approximate
	ahock, or hea IMMEDIATE CAUSE (Final disease or condition resulting in death)		let only one cause Aud	on each line	10	pu	lmm	my,	Arrest	+		Interval Between Onset and Death
	Sequentially list conditions, and Dehydration + Malnuty, fin and									6 mms		
	if any, leading to immedia cause. Enter UNDERLYING	G )	Cac	kex is	( -	est	Tres	ne				6 mos
	that initiated events resulting in death) LAST  The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state								1 year			
median centil toxilor	PART II. Other algorificant	erth but not r	h but not resulting in the underlying bease given in				PERF	AN AUTOPS ORMED? 2  ND	Y 24	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 ND		
	Hdy	ranc	ed Cl	PD								
	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   YES 2     NO											
	27. MANNER OF DEATH  1 X Natural 5 Pe 2 Accident Im	ending	28a. DATE DF IN (Month, Day)		26b. TIN	IE DF JURY M	28c, INJURY A WORK? 1 YES		28d. DESCRIBE HON	V INJURY C	CCURED	
	3 Suicide s Co	ould not be termined	28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)					_	261. LOCATION (Street and Number or Rural Route Number, City or Town, State)			

TO BE CO

296. SIGNATURE AND TITLE OF CERTIFIER

Richard A. Farson 31. DATE FILED (Month, Day. Year)

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

12825 Old Fort Road

32. REGISTRAR'S SIGNATURE

DHMH-16 Rev 1/89

29d. DATE SIGNED (Month, Day, Year)

▶ Jan/11/1990

29c. LICENSE NUMBER D0223

Fort Washington MD 20744

## FOR STATE

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIFIC	CATE OF	DEATH	RI	EG. NO.			
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF D	EATH DAY	YEAR	3. TIME OF DEATH	
PATRICI	A	BRUNO			JANUA	RY 6, 1	990	1:52A	
4. SOCIAL SECURITY NUMBER	5. SEX 6. AG		IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF B	IRTH	Coun	HPLACE (Stete or Foreign	
	25	34						insylvania	
THE JOHNS HOPK RESIDENCE OF DECEDENT				OR LOCATION OF D		9c. CC	OUNTY OF	DEATH	
On. STATE 10b. COUNT	Υ	10c. CITY,	TOWN OR LOCA	TION		10d. INSIDE CITY			
PA Mon	tgomery	Dre	esher,					1 YES 2 NO	
1625 Aidden La	ir Road		10	1, ZIP CODE 19025		10g. C	U.S	what country?	
1. MARITAL STATUS  Never Married 2 Merried  Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 _ YE IF YES, GIVE WAR OR	S 2 NO	If yes, o	cendent of HISPA pecify Cuben, Mexic 5 2 NO Speci	en, Puerto Ricen			E — American Indian, ok, White, etc.	
15. DECEDENT'S EOU (Specify only highest grade		16s. DECEDENT'S US	SUAL OCCUPATI	ON	16b. KIN	OF BUSINESS/I	INDUSTRY		
Elementary/Secondary (0-12)	College (1-4 or 5+)	Secret	,	ost of working					
7. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S N	AME (First, Middle	. Meiden Sumeme	1)		
James Kane					cia Ke		,		
Robert Bruno				and Number or Rural Lair Rd				025	
0a. METHOD OF DISPOSITION  Suriel 2 Cremetion 3 s. Rem  Donation 5 Other (Specify)	noval from State	ob. PLACE OF DISPOSIT	TION (Name of ce	metery, crematory or		20c. LOCATION Prospec	City or T		
SIGNATURE OF FUNERAL SERVICE LI	CENSEE	00-	Mar	22. NAME AND ADDRESS OF FACILITY Marzullo Funeral Service 3981 Carrollton Rd., Upperco, Md 2115					
Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. ALLOGENEIC DUE TO (OR AS  c. ACUTE DUE TO (OR AS	BONE MAR	ROW TRA	NSPLANT				~ 11/2 4	
PART II. Other significant condition	d to death	but not resulting in	the underlylr	ig cause given in		WAS AN AUTOPS PERFORMEO? PYES 2 □ NO	SY 24	b. WERE AUTOPSY FINDIN AMALABLE PRIOR TO COMPLETION OF CAUSI OF DEATH?	
5. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			LACE OF DEATH (C	heck only one)				
1 TYES 2 XNO	1 inpatient 2 ER/O		OTHER:      Nursing Hor	ne 5 🗆 Residence	6 Other (Sp	ecity)			
7. MANNER OF DEATH  1 M Natural 5 Pending	28a. DATE OF INJUR (Month, Day, Year		RY W	JURY AT ORK? YES 2 NO	28d. DESCRIE	E HOW INJURY (	OCCURED		
2 Accident Investigation 3 Suicide 6 Could not be determined	28e. PLACE OF INJU- building, etc. (S)	RY — At home, farm, atr				281. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
anni	ICIAN: To the best of my kn							(e) end manner se stated	
D. SIGNATURE AND TITLE OF CERTIFIE	TP/			29c. LICENSE NU	MBER	29d. D	ATE SIONE	D (Month, Day, Year)	
nelelle Then	Hading			35541	5	•	1/1	100	
NAME AND ADDRESS OF PERSON WI	O COMPLETED CAUSE OF			- 11-0		A4	1 6	(3)	
LANTE FILED (Month, Day, Year), 90	32. REGISTRAR'S SI	JOHNS I	MUTHA	5 HOSPIT	BL .	BALTIMO	re, r	70	
JAN 10'90	Sulia Da	vidson-Randal	200						

TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HOSPITAL DRATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2000 at the floath. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTION: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit permit. Pages 1 be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlat, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DHMH-16 Rev 1/89

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-7 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buria be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	RAR S NAME (First, Middle, Last		IARYLAND / CE		E OF DEA		REG. NO	),	1	TIME OF SECTION	
1. DECEDENT	FFORD	m.	BEAR	20			MONTH D	6	EAR	3.31	
4. SOCIAL SEC.	- 18 -87 17	5. SEX 1 M 2 🗆 F	6. AGE (In yrs. lest	t birthday) IF UND YRS. MONTH			DATE OF BIRTH		BIBTHP	LACE (State or Sore	ign
1	NAME (If not institution, give	street and number)	(	0.7	est my	1	1-1-	9c. COUNT	Y OF DEA	A 41	
RESIDENCE 100. STATE	10b. COUN	12 120 11		10c. CITY, TOWN	MORLOCATION minster	2				IOd. INSIDE CITY LIMITS? YES 2 N	0
10e. STREET A	MCAMORE	e st			101. ZIP CC	157		10g. CITIZE	1. 5.	AT COUNTRY?	
	TATUS surried 2 Married 1 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W			3. WAS DECENDENT If yes, specify Cy 1 YES 2 W	ban, Mexican, P	PRIGIN? (Specify Yeuerlo Rican, etc.)	a or No- 14	Black, Specify:	- American Indian. White, etc. White	
Elementary 17. FATHER'S	15. DECEDENT'S ED (Specify only highest grad //Secondary (0-12)	College (1-4 or 6+	(GA	CEDENT'S USUAL Ive kind of work dor Dor OT use retired	ne during most of wor	fling	Democ		STRY /	Alvax.	te
17. FATHER'S	NAME (First, Middle, Last)	Be	ard			CHRUC	First, Middle, Malden	Buck	inst	lan	
19a. INFORMA	NT'S NAME (Type/Print)	Beard	196	64 5	SS (Street and Number of CAMOUR	per or Rural Route	Number City of Ton	vn, State, Zip C	Hd.	2/15/	7
1 X Burial 2	of Disposition Cremation 3 Ra S Other (Specify)	movel from State	other pla	(00)	Name of cemetery, c	rematory or	20g. y	CATJON - CH	ty or Town	n, State	
			- KE1210	ers CX	with (	emet?	h/e.	)ナス,から	ter	140.	
	Mus O	Fletz	A.	2	2. NAME AND ADDI	1. Flet	La do		/	inster /	1.
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23. PART I. IMMEDIATE disease or cresulting in	Enter the diseases, piehock, or heart failure CAUSE (Final condition death)	a. DUE TO  DUE TO  C.	t caused the de	eth. Do not ent	The Acs C	l. Fleto	Tion		/	Approximat	Wed
23. PART I.  IMMEDIATE disease or resulting in  Sequentially if any, leading cause. Enter CAUSE (Disease in the Initiate resulting in	Enter the diseases, post- ahook, or heart failure CAUSE (Final condition death)  y list conditions, ng to immediata r UNDERLYING ease or injury d events	a. DUE TO  b. DUE TO  d.	t caused the dese on each line.  O CAR (OR AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS A CONSECTION AS	eth. Do not ent.  DIAL DUENCE OF):  DUENCE OF):	The Act Color the mode of a	Pley Red	DISEQ.	N AUTOPSY RMED?	246. 1	Approximatinterval Bet Onset and I	Des
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WAS AL PERFO	N AUTOPSY RMED?	246.	Approximatinterval Bet Onset and I	DINC
23. PART I.  IMMEDIATE disease or cresulting in  Sequentially if any, leading cause. Enter CAUSE (Disease Enter CAUSE (Disease Examiner 1   Yes  25. WAS CASE EXAMINER 1   Yes  27. MANNER 0  1   Nature 2   Accident CAUSE   Accident CAUSE   Color Cause Examiner CAUSE   Color CAUSE   Color CAUSE   Color CAUSE   Color CAUSE   Color CAUSE   Color CAUSE   Color CAUSE   Color CAUSE   Color CAUSE   Color CAUSE   Color CAUSE   Color CAUSE   Color CAUSE   Color CAUSE   Color CAUSE   Color CAUSE   Color CAUSE   Color CAUSE   Color CAUSE   Color CAUSE   Color CAUSE   Color CAUSE   Color CAUSE   Color CAUSE   Color CAUSE   Color CAUSE   Color CAUSE   Color CAUSE   Color CAUSE   Color CAUSE   Color CAUSE   Color CAUSE   Color CAUSE   Color CAUSE   Color CAUSE   Color CAUSE   Color CAUSE   Color CAUSE   Color CAUSE   Color CAUSE   Color CAUSE   Color CAUSE   Color CAUSE   Color CAUSE   Color CAUSE   Color CAUSE   Color CAUSE   Color CAUSE   Color CAUSE   Color CAUSE   Color CAUSE   Color CAUSE   Color CAUSE   Color CAUSE   Color CAUSE   Color CAUSE   Color CAUSE   Color CAUSE   Color CAUSE   Color CAUSE   Color CAUSE   Color CAUSE   Color CAUSE   Color CAUSE   Color CAUSE   Color CAUSE   Color CAUSE   Color CAUSE   Color CAUSE   Color CAUSE   Color CAUSE   Color CAUSE   Color CAUSE   Color CAUSE   Color CAUSE   Color CAUSE   Color CAUSE   Color CAUSE   Color CAUSE   Color CAUSE   Color CAUSE   Color CAUSE   Color CAUSE   Color CAUSE   Color CAUSE   Color CAUSE   Color CAUSE   Color CAUSE   Color CAUSE   Color CAUSE   Color CAUSE   Color CAUSE   Color CAUSE   Color CAUSE   Color CAUSE   Color CAUSE   Color CAUSE   Color CAUSE   Color CAUSE   Color CAUSE   Color CAUSE   Color CAUSE   Color CAUSE   Color CAUSE   Color CAUSE   Color CAUSE   Color CAUSE   Color CAUSE   Color CAUSE   Color CAUSE   Color CAUSE   Color CAUSE   Color CAUSE   Color CAUSE   Color CAUSE   Color CAUSE   Color CAUSE   Color CAUSE   Color CAUSE   Color CAUSE   Color CAUSE   Color CAUSE   Color CAUSE   Color CAUSE   Color CAUSE   Color CAUSE   Color CAUSE	Enter the diseases, plahock, or heart failure CAUSE (Final conditions, and to immediate a UNDERLYING case or injury disease). The algorithms are algorithms are algorithms are algorithms.  REFERRED TO MEDICAL 177 22 JANO  F DEATH  at 6 Pending investigation	Complications the complex to the complex to the complex to the complex to the complex to the complex to the complex to the complex to the complex to the complex to the complex to the complex to the complex to the complex to the complex to the complex to the complex to the complex to the complex to the complex to the complex to the complex to the complex to the complex to the complex to the complex to the complex to the complex to the complex to the complex to the complex to the complex to the complex to the complex to the complex to the complex to the complex to the complex to the complex to the complex to the complex to the complex to the complex to the complex to the complex to the complex to the complex to the complex to the complex to the complex to the complex to the complex to the complex to the complex to the complex to the complex to the complex to the complex to the complex to the complex to the complex to the complex to the complex to the complex to the complex to the complex to the complex to the complex to the complex to the complex to the complex to the complex to the complex to the complex to the complex to the complex to the complex to the complex to the complex to the complex to the complex to the complex to the complex to the complex to the complex to the complex to the complex to the complex to the complex to the complex to the complex to the complex to the complex to the complex to the complex to the complex to the complex to the complex to the complex to the complex to the complex to the complex to the complex to the complex to the complex to the complex to the complex to the complex to the complex to the complex to the complex to the complex to the complex to the complex to the complex to the complex to the complex to the complex to the complex to the complex to the complex to the complex to the complex to the complex to the complex to the complex to the complex to the complex to the complex to the complex to the complex to the complex to the complex to the complex to the complex to the com	t caused the dese on each line.  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Do not ent.  DIAL  DUENCE OF):  DUENCE OF):  PUENCE OF):  PUENCE OF):  PUENCE OF):  PUENCE OF):  PUENCE OF):  PUENCE OF):  PUENCE OF):	underlying cause  28. PLACE OF  ER:  uraing Home 5   28. INJURY AT  WORK?  1 YES 2	e given in Par	t I. 24a. WAS AI PERFO 1 YES  Other (Specify) d. DESCRIBE HOW	N AUTOPSY RMEO? 2 A NO	24b. )	Approximatinterval Bet Onset and I	DING:
23. PART I.  IMMEDIATE disease or cresulting in  Sequentially if any, leading cause. Enter CAUSE (Disease Enter resulting in  PART II. Other causes are examined in the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause	Enter the diseases, plahock, or heart failure CAUSE (Final conditions, or conditions) and to immediate r UNDERLYING ease or injury devents death) LAST  REFERRED TO MEDICAL TO SET DEATH at 6 Pending investigation et al. Could not be determined	a. DUE TO b. DUE TO c. DUE TO d. HOSPITAL: 1 Dispetient 2 28a. DATE OF (Month, D) 28a. PLACE O	t caused the de- se on each line.  O CAR  (OR AS A CONSECT  (OR AS A CONSECT  (OR AS A CONSECT  (OR AS A CONSECT  (OR AS A CONSECT  (OR AS A CONSECT  (OR AS A CONSECT  (OR AS A CONSECT  (OR AS A CONSECT  (OR AS A CONSECT  (OR AS A CONSECT  (OR AS A CONSECT  (OR AS A CONSECT  (OR AS A CONSECT  (OR AS A CONSECT  (OR AS A CONSECT  (OR AS A CONSECT  (OR AS A CONSECT  (OR AS A CONSECT  (OR AS A CONSECT  (OR AS A CONSECT  (OR AS A CONSECT  (OR AS A CONSECT  (OR AS A CONSECT  (OR AS A CONSECT  (OR AS A CONSECT  (OR AS A CONSECT  (OR AS A CONSECT  (OR AS A CONSECT  (OR AS A CONSECT  (OR AS A CONSECT  (OR AS A CONSECT  (OR AS A CONSECT  (OR AS A CONSECT  (OR AS A CONSECT  (OR AS A CONSECT  (OR AS A CONSECT  (OR AS A CONSECT  (OR AS A CONSECT  (OR AS A CONSECT  (OR AS A CONSECT  (OR AS A CONSECT  (OR AS A CONSECT  (OR AS A CONSECT  (OR AS A CONSECT  (OR AS A CONSECT  (OR AS A CONSECT  (OR AS A CONSECT  (OR AS A CONSECT  (OR AS A CONSECT  (OR AS A CONSECT  (OR AS A CONSECT  (OR AS A CONSECT  (OR AS A CONSECT  (OR AS A CONSECT  (OR AS A CONSECT  (OR AS A CONSECT  (OR AS A CONSECT  (OR AS A CONSECT  (OR AS A CONSECT  (OR AS A CONSECT  (OR AS A CONSECT  (OR AS A CONSECT  (OR AS A CONSECT  (OR AS A CONSECT  (OR AS A CONSECT  (OR AS A CONSECT  (OR AS A CONSECT  (OR AS A CONSECT  (OR AS A CONSECT  (OR AS A CONSECT  (OR AS A CONSECT  (OR AS A CONSECT  (OR AS A CONSECT  (OR AS A CONSECT  (OR AS A CONSECT  (OR AS A CONSECT  (OR AS A CONSECT  (OR AS A CONSECT  (OR AS A CONSECT  (OR AS A CONSECT  (OR AS A CONSECT  (OR AS A CONSECT  (OR AS A CONSECT  (OR AS A CONSECT  (OR AS A CONSECT  (OR AS A CONSECT  (OR AS A CONSECT  (OR AS A CONSECT  (OR AS A CONSECT  (OR AS A CONSECT  (OR AS A CONSECT  (OR AS A CONSECT  (OR AS A CONSECT  (OR AS A CONSECT  (OR AS A CONSECT  (OR AS A CONSECT  (OR AS A CONSECT  (OR AS A CONSECT  (OR AS A CONSECT  (OR AS A CONSECT  (OR AS A CONSECT  (OR AS A CONSECT  (OR AS A CONSECT  (OR AS A CONSECT  (OR AS A CONSECT  (OR AS A CONSECT  (OR AS A CONSECT  (OR AS A CONSECT  (OR AS A CONSECT  (OR AS A CONSECT  (OR AS	eth. Do not ent.  DIAL  DUENCE OF):  DUENCE OF):  PUENCE OF):  PUENCE OF):  PUENCE OF):  PUENCE OF):  PUENCE OF):  PUENCE OF):  PUENCE OF):	underlying cause  28. PLACE OF  ER:  uraing Home 5   28. INJURY AT  WORK?  1 YES 2	e given in Par	t I. 24a. WAS AI PERFO	NAUTOPSY RMED? 2 (2)-NO	24b. )	Approximatinterval Bet Onset and I	DING

8 ANCHOR

30. HAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

HARSHEY

32. REGISTRAR'S SIGNATURE

JOHN

31. DATE FILED (Month, Day, Year)

5

DHMH-16 Rev 1/89

	FOR STATE REGISTRAR	STATE OF MARYLAN	D / DEPARTME			REG. NO.					
	1. DECEDENT'S NAME (First, Middle, Last)  ELIZABETH	ALLEN	BLAC	K		DATE OF DEATH		3. TIME OF DEATH 1948 M			
	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	SEX 6. AGE (In yr		DER 1 YEAR IF UNDER	24 HRS, 7. D	DATE OF BIRTH (Month, Day, Year)  8 - 28 - 32  MD					
OR	96. FACILITY NAME (If not institution, give street CCGH Carroll	end number) County Ger		TY, TOWN OR LOCATION	ON OF DEATH	-17	9c. COUNTY OF	County			
DIRECTOR	RESIDENCE OF DECEDENT  100. STATE  10b. COUNTY  C. a.m.			N OR LOCATION		10d. INSIDE CITY LIMITS? 1 YES 2 NO					
A A	10e. STREET AND NUMBER		we	stminste	E		10g. CITIZEN OF	WHAT COUNTRY?			
BY-FUNER	644 Deer Park  11. MARITAL STATUS  1  Never Merried 2 Merried  3 Wildowed 4 Divorced	RO ad  N. WAS DECEDENT EVER IN U.S FORCES? 1   YES 2 IF YES, GIVE WAR OR DATES	NO	3. WAS DECENDENT O	n, Mexican, Pu	RIGIN? (Specify Year	Spe	S e  DE — American Indian, ock, White, etc.  white, etc.			
LETED	15. DECEDENT'S EDUCAT (Specify only highest grade cor Elementery/Secondary (0-12)		Iffe. Do NOT use retire	ne during most of workir d.)	ge	16b. KIND OF BUSI		111100			
once.	17. FATHER'S NAME (First, Middle, Last)		Homema	16. MOTI		n/a. First, Middle, Melden S					
TO BE	James L. Asher		19b. MAILING ADDR	GE ESS (Street and Number		Number, City or Town,		5			
2	Louise Stonesi	20b. PL	644 De				ation - City or	MD 21157 Town, State			
examiner must	4 Donation 5 □ Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICEN		Pipe C	reek Cen 2. NAME AND ADDRE Pritts	SS OF FACILITY	Y					
	Robert K. Pritts, Sr. 412 Washington Rd., Westminster  23. PART I. Enter the diseases, or complications that coused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest,   Approximate										
event, the medical	shock, or heart fellure. List only one cause on each line.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Due to (or as a consequence of):										
or other traumatic											
hows any inju	PART II. Other significant conditions of	contributing to death but r	not resulting in the	undarlying cause	given in Part	I. 24a. WAS AN / PERFORI 1  YES 2	MED?	ISb. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO			
ed, or item 23 s PHYSICIAN:		IOSPITAL:	ОТН								
- 36	27. MANNER OF DEATH  1 Netural 8 Pending	26s. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c, INJURY AT WORK?	28d	Other (Specify)  I. DESCRIBE HOW IN	JURY OCCURED				
28 Is	2 Accident Investigation 3 Suicide 6 Could not be determined	28e. PLACE OF INJURY — building, stc. (Specify)	At home, farm, atreet,	factory, office	261.	LOCATION (Street as City or Town, State)	nd Number or Rura	I Route Number,			
문을	onel	N: To the best of my knowledg						o(e) and menner on stated.			
TO BE COM	296. SIGNATURE AND TITLE OF CERTIFIER	edu Naga	oung	29c. LIC	I & 2	00	29d. DATE SIGNI	ED (Month, Day, Year)			
=	30. NAME AND ADDRESS OF PERSON WHO CONTRACTED	OMPLETED CAUSE OF BE TH	(ITEM 27) (Type, Print)	700 A	poo	le Rd	wen	milita 17 21172			
	JAN 12 '90	32. REGISTBAR'S SIGNATU	lson-Randall								

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMP	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
al examiner must be notified at once.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
wal.	be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.
the funeral director, page 5 should be detached	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached
ter death. Page 6 may be retained by the hospit	TO THE HOSPITAL, OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Lurs after death. Page 6 may be retained by the hospit
מונים וויים היות היות	

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1 - FOR STATE REGISTRAR	STATE OF MARYL			HEALTH AND	MENTAL HYGIE			
1. OECEOENT'S NAME (First, Middle, Last)	12 110.				2. DATE OF GEATH	DAY	YEAR	TIME OF OEATH A
James W.  4. SOCIAL SECURITY NUMBER	Bolling	layrs. last birthday)	IF UNDER 1 YEA	IR IF UNDER 24 HRS.	7, DATE OF BIRTH	-	90	ACE (State or Foreign
577-10-3199	1 XM 2 - F	39 YRS.	MONTHS DAY	'S HOURS MIN.	2-6-	00	arr	.10 1
SUKPSVILLE ELLE	er care Ce	nter	•	N OR LOCATION OF O	EATH		Y OF GEAT	тн /
RESIDENCE OF DECEDENT	i care ce			esville		Car	101	
10s. STATE 10b. COUNTY	roll		, town on Lo odbine	CATION			- 45	Dd. INSIDE CITY LIMITS?  YES 2 NO
Maryland Car:	LOTT	1 110	Odbine	10f. ZIP COOE		10g. CITIZI		AT COUNTRY?
7727 Woodbine Rd.				21797			USA.	HELL
11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEOENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR OA	2 NO	If yes,	OECENOENT OF HISPAI , specify Cuban, Maxica YES 2 X NO Specif	n, Puerto Rican, etc.)	ee or No—	Black, W Specify:	American Indien, white, etc.
15. OECEOENT'S EOUC (Specify only highest grade of		16a. OECEOENT'S	rork done during	ATION most of working	16b. KINO OF B	USINESS/INOU		
Elementary/Secondary (0-12)	College (1-4 or 5+)	Mechan		armer	Agric	ulture		
17. FATHER'S NAME (First, Middle, Last)		110 0110011	20 4 2	-	ME (First, Middle, Meide			
19e, INFORMANT'S NAME (Type/Print)	illiam Ceodo				Martha F		4	
Mrs. Nora E, Boll:	inger			e Rd., Woo				
20a METHOD OF DISPOSITION	206.	PLACE OF OISPOS	ITION (Name of	cemetery, crematory or	20c. L	OCATION — C		
4 Donation 5 Other (Specify)		Eve		Memorial				
15. f. H	bliand			E AND ADDRESS OF FA	Owings	Milla	, Md	. 21117
23. PART I. Enter the diseases, or co shock, or heart fallure. L	omplications that caused list only one cause on e	tha death. Do n ach line.	ot enter the	mode of dying, suc	h se cardiac or rea	piretory arre	st,	Approximats Interval Between
IMMEDIATE CAUSE (Final disease or condition resulting in death)	sepsis							2 My
	APRATIE	CONSEQUENCE OF						2-Mauri
Sequentially list conditions, if any, leading to immediate	OUE TO (OR AS A	CONSEQUENCE OF	ን:					P T T T T T
CAUSE (Disease or injury	DYSPHAG OUE TO (OR AS A	14						MINTHS
that initiated events resulting in death) LAST	CEREBROY			DENT				24 cmcs
PART II. Other algorificant conditions HEPATIC INFLA		ut not reaulting i	n the underl	ying ceuse given in	PERF	N AUTOPSY ORMED?	Al	ERE AUTOPSY FINDINGS WAILABLE PRIOR TO OMPLETION OF CAUSE
					1 [] YES	2 <b>N</b> O	01	F OEATH?
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	B. PLACE OF OEATH (C)				
27. MANNER OF OEATH	1 Inpatient 2 ER/Outp	26b. TIM	E OF 28c.	Home 6 Residence	6 Other (Specify)  26d. OESCRIBE HOV	/ INJURY OCCI	URED	
1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJ	M 1	WORK?				
3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spec	' — At home, ferm, a cify)	itreet, factory, o	offics	261. LOCATION (Stree City or Town, Sta		or Rural Rou	te Number,
anal	CIAN: To the best of my know R: On the bests of examination							nd manner as stated.
29b. SIGNATURE AND TITLE OF CERTIFIER	M(En)	M.D.		29c. LICENSE NU D 3 3 6		29d. DATE	SIGNED (M	fonth, Day, Year)
M, K. MCZVOY			Print) CESVIL	LE MD	217	84		
31. DATE FILEO (MONTH, Day, Year) 90	32. REGISTINARYS SIGN							

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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a four after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNEPAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

O. NAME AND ADDRESS OF

12"90

31. DATE FILED (Month,

	FOR 1 - STATE REGISTRAR	STATE OF MARY			F HEALTH AND	MENTAI	HYGIENE REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)  AARY BEN 4. SOCIAL SECURITY NUMBER	TAMIN Y	AMIN BO BOWM	WMAN AN I IF UNDER 1 YE.	AR IF UNDER 24 MRS.	MONTH	OF DEATH DAY	- 90	3. TIME OF DE.  22 4  BIRTHPLACE (State or	) M
	217-36-4112	1 X M 2 □ F	87 YAS.	MONTHS DA	/S HOURS MIN.	OS-	, Day, Year) 15-190	2 V	IRGINIA	ruraign
TOR	98. FACILITY NAME (If not institution, give st	General Ho	ejertal	West	menater		21157	Oc. COUNTY	of DEATH	
DIRECTOR										
FUNERAL	100. STREET AND NUMBER  520 Key Heights Road  21791  U.S.A.									
ВУ	11. MARITAL STATES 1 Never Married 2. Married 3 Divorced	()2. WAS DECEOENT EVER FORCES? 1   YES IF YES, GIVE WAR OR	2 A NO	If yes	DECENDENT OF HISPA I, specify Cuban, Mexic YES 2 X NO Speci	en, Puerto F			RACE — American Ind Black, White, etc. Specify: WHITE	Slan,
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondery (0-12)	CATION completed)  College (1-4 or 5+)	Ille. Do NOT u	work done during	PATION g most of working	16b.	KIND OF BUSIN		TRY	
COM	17. FATHER'S NAME (First, Middle, Last)		I I'P	MALIN	16. MOTHER'S N	AME (First, A	Middle, Malden Su		TKI	
BE	BENJAMIN H. BOWM  198. INFORMANT'S NAME (Type/Print)	AN	19h MAII IN	Annees /Sw	IDA	PLUN		Chair Zin Con	les)	
2	GLADYS M. BOWMAN				HTS RD.		,,,		-,	
	20a. METHOD OF DISPOSITION 1\(\hat{\cappa}\) Buriel 2 \(\begin{array}{c}\) Cremation 3 \(\beta\) Remote A \(\beta\) Donation 5 \(\beta\) Other (Specify)	oval from State	0b. PLACE OF DISPO		f cemetery, crematory or		20c. LOCA	TION — City	or Town, State NDSOR, MD	
	21. SIGNATURE OF FUNERAL SERVICE LIC	D. Hart	bler		E AND ADDRESS OF F		.D. HAI	RTZLER	& SONS	
	23. PART I. Enter the diseases, Dr c ahock, or heart feilure.	omplications that cause on	ed the death. Do					itory arrest		mate Between
	immediate cause (Finel disease or condition resulting in death)  Onset and Death  Onset and Death  Onset and Death    CEREBRAL THROMBOSIS INVILVING BRAIN STEM   16 DAYS									
NOI	Sequentially list conditions, To ARTERIA SCLEREDTIC CARDIOVASCULAR DISEASE YEARS									
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST									
CER	recenting in deathly Exist	1								
EDICAL	PART II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I.  BRONSHOOD PRED MONIA  1 YES 2 MO  246. WERE AUTOPSY FINDINGS  AMAILABLE PRIOR TO  COMPLETION OF CAUSE  OF DEATH?									
Z: M									1   YEB 2	) NO
PHYSICIAN: MEDICA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	stpetient 3 DOA	OTHER:	6. PLACE OF DEATH (C					
ВУ РН	27. MANNER OF OEATH  THE Natural 5 Pending 2 Accident Investigation	28s. DATE OF INJURY (Month, Day, Year)  28b. TIME OF SUDAY (Month, Day, Year)  28b. TIME OF SUDAY (Month, Day, Year)  28b. TIME OF SUDAY (Month, Day, Year)  28b. TIME OF SUDAY (Month, Day, Year)								
	a D a List. 200 t OCATION (Count and Number or Count Ocute Number									
COMPLETED	anal .	CIAN: To the best of my kno							use(a) and manner ea	stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIEF	hom	a ms	7	29c, LICENSE NI			29d. DATE SI	ONED (Month, Day, Yea	ir)
2	SO, NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF	DEATH (ITEM 27) (Am	a Print)				7,111	110	

(ITEM 27) (Type, Print) & ALCHURST

WHO COMPLETED CAUSE OF DEATH

32. REGISTRAN'S SIGNATURE
Julia Davidson-Randalle

FIOCCO JE

WESTWINITER, MD. 21157

8

JAN 5 "90"

32. REGISTRAR'S SIGNATURE

nding physici	s the burial-t		
pital or after	ed for use as		
d by the hos	id be detach		d at once.
ay be retained	page 5 shoul		be notifie
л. Раде 6 т	and director,		aminer must be no
irs after death	n by the fune	removal.	edical exam
within 27 nou	pletely filled i	cremation, or	raumatic event, the medica
be executed	cian and com	or to burial, o	aumatic ev
th certificate	ending physic	I Hygiene pri	or other tr
that the dear	ed by the att	th and Menta	any injury,
law requires	as been sign	Dept. of Healt	23 shows
YSICIAN: The	s certificate h	th the State [	d, or item
TENDING PHY	OR: After this	fter death wil	8 is marke
PITAL OR AT	RAL DIRECT	TZ hours at	f. If item 2
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within as mounts after death. Page 6 may be retained by the hospital or attending physici	TO THE RUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-t	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be netified at once.

	FOR 1 STATE	STATE OF M							MENTA		E	3	0 018	2
	1. DECEDENT'S NAME (First, Middle, Last)		R	HIIF	CATI	E OF	DEAT	Н	2. DATE	OF DEATH	NY.	YEAR	3. TIME OF DEATH	-
		erman	S. D.	unt	wg				Janu	ary 2	1	990	1458	M
		S. SEX	8. AGE (In yrs. les	t birthday) YRS.	IF UNDER	DAYS	IF UNDER	24 HRS. MIN.	7. DATE (Mont)	OF BIRTH h, Day, Year) 1 191	4	Countr	**	
	9a. FACILITY NAME (If not institution, give street		70		9b. CITY	r. TOWN (	R LOCATIO	ON OF D		1 191		Mary		_
TOR	PENINSULA GENERAL	L HOSPIT	AL				ISBUI			LAND			OMICO	
DIRECTOR	10e. STATE 10b. COUNTY				Oc. CITY, TOWN OR LOCATION						10d, INSIDE CITY LIMITS?			
	Maryland Worces	ter		Bish	opvi								TY YES 2 NO	
M	10e. STREET AND NUMBER						. ZIP CODE	Ē			10g. CIT	IZEN OF V	VHAT COUNTRY?	
Ä	P.O. Box 356			10.7		21813						USA		
BY FUNERAL	11. MARITAL STATUS  1 Never Married 2 Merried  3 Widowed 4 Divorced	T EVER IN U.S. AR YES 2 X P AR OR DATES	MED NO		If yes, sp			nn, Puerto	Y? (Specify Yea Ricen, etc.)	or No-	14. RACE Black Speci Whi	E — American Indian, k, White, etc.		
ED	15. DECEDENT'S EDUCA		16a. DE	CEDENT'S	USUAL O	CCUPATIO	ON		16b	. KIND OF BUS	INESS/IN	DUSTRY		_
COMPLETED	(Specify only highest grade co	College (1-4 or 5 +	Man Man	Do NOT us	work done se retired.)	during mo	at of workin	g						
F	7			uito	Con	trol			St	ate Of	Mar	vlan	d	
O	17. FATHER'S NAME (First, Middle, Last)							IER'S NA		Middle, Maiden		,		
	Sylvester Bunting						Manı	nie	Ting	10				
BE	Sylvester Bunting   Mannie Tingle  19e. INFORMANT'S NAME (Type/Print)   19b. MAILING ADDRESS (Street and Number or Flural Route Number, City or Town, Steets, Zio Code)											_		
5	Ruth Godfrey Bunting P.O. Box 356, Bishopville, Maryland 21813													
	20s. METHOD OF DISPOSITION		20b. PLACE	OF DISPOS	SITION (N	eme of cer	netary, crem					City or To		
	1 X Buriel 2 Cremation 3 Remove 4 Donation 5 Other (Specify)		Bish	opvi									Maryland	
	22. NAME AND ADDRESS OF FACILITY Hastings Funeral Home Selbyville, Delaware 19975													
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory arrest, shock, or heert fellure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):									Approximate interval Betwee Onset and Das				
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST		(OR AS A CONSE											_
PHYSICIAN: MEDICAL C	PART II. Other aignificant conditions	contributing to	deeth but not i	resulting	in the u	nderfyln	g cause g	given in	Part I.	24a. WAS AN PERFOR 1 YES 2	MED?	246	N. WERE AUTOPSY FINDING MARLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
Z														
2	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHE		ACE OF D	EATH (C	heck only o	ne)				
YSI	1 TYES 2 NO	Inpetient 2	ER/Outpatient 3	XDOA			10 5 🗆 Re	eldence	6 🗆 Oth	er (Specify)				
ву рн	27. MANNER OF DEATH  1 Netural 5 Pending Investigation	28a. DATE OF (Month, D		26b. TIM	URY M		PURY AT PRIK?	NO	26d. DE	SCRIBE HOW I	NJURY OC	CURED		
	3 Suicide 6 Could not be 4 Homicide determined	2 Accident Investigation 28a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)							CATION (Street or Town, State)		or or Rural i	Route Number,		
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICI DIRECTION ON 1 DESCRIPTION OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL O												a) and manner sa stated.	
TO BE C	296. BIGNAPONE AND STILE OF GERTIFEER	uland	My				29c. LICE	ENSE NU	76	8	29d. DAT	I J	(Month, Day, Year)	

DHMH-16 Rev 1/89

JAN 08 590

	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFICA			REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)  ANA		OWEKS		JA	te of death nth NUACY 5		3. TIME OF DEATH 4.40 P M	
COMPLETED BY FUNERAL DIRECTOR	4. SOCIAL SECURITY NUMBER 217-42-7573			-	UNDER 24 HRS. 7. DA	ne 6,1907	8. BIRTH Count Wes	St Virginia	
	96. FACILITY NAME (If not institution, give street and number)  Williamsport Nursing Home  Williamsport  Williamsport					DEATH WASHINGTON			
				own or Location iamsport			10d. INSIDE CITY LIMITS? 1  YES 2 NO		
	100. STREET AND NUMBER Rt.2			101. ZIP CODE 21795		10g.	10g. CITIZEN OF WHAT COUNTRY?		
	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES? 1 YES 2 NO			13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify yes, specify Cuban, Maxican, Puerto Rican, e 1  YES 2  NO Specify:				
	15. DECEDENT'S EDI (Specify only highest gradi Elementary/Secondary (0-12)		Ilfe. Do NOT use re	done during most a	f worlding	166. KIND OF BUSINESS/INDUSTRY Home			
BE CON	17. FATHER'S NAME (First, Middle, Lest) James Kem	per Le	eigh	11	Cora	st, Middle, Maiden Sumai L.ee	me)	Thomas	
TO B	196. INFORMANT'S NAME (Type/Print)  196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  Rt.1 Box# 327 Big Spring, MD 21722								
	Too. METHOD OF DISPOSITION    Magnet 2   Cremation 3   Removal from State   Donation 8   Other (Specify)   ROSE   Hill   Co			Cemetery			Clear Spring, MD		
	21. SIGNATURE OF FUNERAL SERVICE LICENSES  22. NAME AND ADDRESS OF FACILITY  OSBORNE FUNERAL HOMES  P.O.Box # 348 Williamsport, MD 21795								
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, shock, or heart fellure. List bnly one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):				of dying, such as o	ardiac or reapirator	y arrest,	Approximata interval Between	
	disease or condition	a. Neum DUE TO (OR AS	onia A CONSEQUENCE OF):					12 his.	
ERTIFICATION	disease or condition	b. OUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS	A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):		erse			12 his. 3 mos.	
4: MEDICAL CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	b. MALA OUE TO (OR AS  C. ANC DUE TO (OR AS  d. HYPEN	A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):	2		. 24a. WAS AN AUTO PERFORMED 1 YES 2 N	7	1	
CAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. MALA OUE TO (OR AS c. DUE TO (OR AS d. Hyper HOSPITAL:	A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):  TO SO O SO O SO O SO O SO O SO O SO O	the underlying of 26. PLAC	ause given in Part	PERFORMED  1 YES 2 N	7	12 hus. 3 mos. 1 yu -  10. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 8 Pending	DUE TO (OR AS b. OUE TO (OR AS c. OUE TO (OR AS d. OUE TO (OR AS d. OUE TO (OR AS d. OUE TO (OR AS d. OUE TO (OR AS d. OUE TO (OR AS d. OUE TO (OR AS	A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):  TO SO O SO O SO O SO O SO O SO O SO O	26. PLAC	ause given in Part  E OF DEATH (Check on 8  Residence 8  4	PERFORMED  1 YES 2 N	7	12 hus. 3 mos. 1 yu -  10. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
D BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions and the cause cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions are caused to the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of	DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS	A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):  TO S O O O O O O O O O O O O O O O O O O	26. PLAC THER: Nursing Home FY 28c. (NJUR WORK M 1 YES	E OF DEATH (Check on 8 Residence 8 0 28d.	PERFORMED  1 YES 2 N  y one)  Other (Specify)	Y OCCURED	12 Rus. 3 mos. 1 y.  1 y.  1 y.  1 y.  1 y.  1 y.  1 y.  1 y.  1 yes 2 no	
D BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 8 Pending investigation 3 Suicide 6 Could not be determined  29e. CERTIFIER (Check only 1 CERTIFYING PHY:	DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS	A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONS	26. PLAC THER: Nursing Home FF 28c. INJUR WORK 1 YES et, factory, office	E OF DEATH (Check on 8 Residence 8 0 0 7 AT 28d. 2 NO 28f.	PERFORMED  1 YES 2 N  Other (Specify)  DESCRIBE HOW (NJUR  LOCATION (Street and N  City or Rown, State)	Y OCCURED  umber or Rural as stated.	12 Rus. 3 mos. 1 y .  1 y .  1 y .  1 y .  1 y .  1 y .  1 y .  1 y .  1 y .  1 y .  1 y .  1 y .  1 y .  1 y .  1 y .  1 y .  1 y .  1 y .  1 y .  1 y .  1 y .  1 y .  1 y .  1 y .  1 y .  1 y .  1 y .  1 y .  1 y .  1 y .  1 y .  1 y .  1 y .  1 y .  1 y .  1 y .  1 y .  1 y .  1 y .  1 y .  1 y .  1 y .  1 y .  1 y .  1 y .  1 y .  1 y .  1 y .  1 y .  1 y .  1 y .  1 y .  1 y .  1 y .  1 y .  1 y .  1 y .  1 y .  1 y .  1 y .  1 y .  1 y .  1 y .  1 y .  1 y .  1 y .  1 y .  1 y .  1 y .  1 y .  1 y .  1 y .  1 y .  1 y .  1 y .  1 y .  1 y .  1 y .  1 y .  1 y .  1 y .  1 y .  1 y .  1 y .  1 y .  1 y .  1 y .  1 y .  1 y .  1 y .  1 y .  1 y .  1 y .  1 y .  1 y .  1 y .  1 y .  1 y .  1 y .  1 y .  1 y .  1 y .  1 y .  1 y .  1 y .  1 y .  1 y .  1 y .  1 y .  1 y .  1 y .  1 y .  1 y .  1 y .  1 y .  1 y .  1 y .  1 y .  1 y .  1 y .  1 y .  1 y .  1 y .  1 y .  1 y .  1 y .  1 y .  1 y .  1 y .  1 y .  1 y .  1 y .  1 y .  1 y .  1 y .  1 y .  1 y .  1 y .  1 y .  1 y .  1 y .  1 y .  1 y .  1 y .  1 y .  1 y .  1 y .  1 y .  1 y .  1 y .  1 y .  1 y .  1 y .  1 y .  1 y .  1 y .  1 y .  1 y .  1 y .  1 y .  1 y .  1 y .  1 y .  1 y .  1 y .  1 y .  1 y .  1 y .  1 y .  1 y .  1 y .  1 y .  1 y .  1 y .  1 y .  1 y .  1 y .  1 y .  1 y .  1 y .  1 y .  1 y .  1 y .  1 y .  1 y .  1 y .  1 y .  1 y .  1 y .  1 y .  1 y .  1 y .  1 y .  1 y .  1 y .  1 y .  1 y .  1 y .  1 y .  1 y .  1 y .  1 y .  1 y .  1 y .  1 y .  1 y .  1 y .  1 y .  1 y .  1 y .  1 y .  1 y .  1 y .  1 y .  1 y .  1 y .  1 y .  1 y .  1 y .  1 y .  1 y .  1 y .  1 y .  1 y .  1 y .  1 y .  1 y .  1 y .  1 y .  1 y .  1 y .  1 y .  1 y .  1 y .  1 y .  1 y .  1 y .  1 y .  1 y .  1 y .  1 y .  1 y .  1 y .  1 y .  1 y .  1 y .  1 y .  1 y .  1 y .  1 y .  1 y .  1 y .  1 y .  1 y .  1 y .  1 y .  1 y .  1 y .  1 y .  1 y .  1 y .  1 y .  1 y .  1 y .  1 y .  1 y .  1 y .  1 y .  1 y .  1 y .  1 y .  1 y .  1 y .  1 y .  1 y .  1 y .  1 y .  1 y .  1 y .  1 y .  1 y .  1 y .  1 y .  1 y .  1 y .  1 y .  1 y .  1 y .  1 y .  1 y .  1	
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32. BEGISTRABIS SIGNATURE
Silvia Davidson - Rondall

1935

a BIRTHPLACE (State or Foreign

REG. NO

2. DATE OF DEATH

7. DATE OF BIRTH

FOR STATE

REGISTRAR

1. DECEDENT'S NAME (First Middle Last)

WGENE

4. SOCIAL SECURITY NUMBER

1 -

6. AGE (In yrs. last birthday)
73 YRS. 214.09-789 1 W M 2 | F 5-22-14 Se. FACILITY NAME (If not institution, give street and n 9h CITY TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH PISTOWN Doshing ton Junhi nshina RESIDENCE OF DECEDENT DIRECT Pages 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Washington Maryland Hagerstown 1 YES 2 NO permit. 10e. STREET AND NUMBER 10f. ZIP COOE FUNERAL 10g. CITIZEN OF WHAT COUNTRY? 25 Westside Avenue 21740 U.S.A. use as the burial-transit be retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married If yes, specify Cuben, Mexican, Puerto Rican, atc.)

1 YES 2 NO Specify: FORCES? 1 YES 2 BY White 3 Widowed 4 Divorced 16e. DECEDENT'S USUAL OCCUPATION ED 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comp (Give kind of work done life. Do NOT use retired.) H Elementary/Secondary (0-12) page 5 should be detached for COMPL Car Man Railroad 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Edgar Dale Barnhart Solma Ziegler 76 BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code, 2 Alice L. Barnhart 25 Westside Ave., Hagerstown, Md. 21740 pe 20e. METHOD OF DISPOSITION

1 Burlel 2 Cremetion 3 Removal from State death. Page 6 may 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION - City or Town, State must funeral director, Cedar Lawn Memorial Park Hagerstown, Md. 4 Donation 5 Other (Specify) examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEF 22. NAME AND ADDRESS OF FACILITY nnich Funeral Home 415 E. Wilson Bi nima Hagerstown, Md. 21740 filled in by the ( nours after medical 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximats shock, or heart fallure. List only one cause on each line. Interval Between 6 Onset and Death IMMEDIATE CAUSE (Final the cremation, disease or condition 4 summenia signed by the attending physician and completely in Health and Mental Hygiene prior to burial, crematic reaulting in death) executed within event, DUE TO (OR AS A CONSEQUENCE OF) traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING other CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST 6 shows any injury. PART II. Other algoriticant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? Carebrovascule acquellent 1 TYES 2 T NO 1 | YES 2 | NO ben ben of h PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) this certificate his OTHER: OR ATTENDING PHYSICIAN: 1 YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA ng Home 5 Residence 6 Other (Specify) 4 - Nurs 10 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF 28c. INJURY AT WORK? 284 DESCRIBE HOW INJURY OCCURED marked, 1 Natural 5 Pending 1 YES 2 NO BY After 2 Accident 28s. PLACE OF INJURY — Al home, farm, street, factory, office building, atc. (Soccity) 3 Suicide 281, LOCATION (Street and Number or Rural Route Number, City or Town, State) 60 6 Could not be determined DIRECTOR: / COMPLETED 28 4 Homicide MPORTANT: If item 29s. CERTIFIER

(Chack only

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. FUNERAL C HOSPITAL 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 29h SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE 第1年 第 INDRIUS 11400 Jul 223 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 1610-OHMH-16 Rev 1/89

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

MONTHS

IF UNDER 1 YEAR | IF UNDER 24 HRS.

HOURS

DAYS

Eugene Edgar Barnhart

BARNHAR

31. DATE FILED (MORTH Pay, Your) 90

	REGISTRAR		CERTIFI	CATE OF		REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Las	Burnha	m Jr	7	2. DAT	TE OF DEATH	YEAR 3. T	ME OF DEATH
	4. SOCIAL SECURITY NUMBER	6. SEX 6. AC	GE (In yrs, lest birthday)	F UNDER 1 YEAR	F UNDER 24 HRS. 7. DAT	E OF BIRTH rith, Day, (bar)	Country)	E (State or Fore
	98-FACILITY NAME (If not institution, give	1 Sol 2 F	07 YRS.		DR LOCATION OF DEATH	-25-22	INTY OF DEATH	arylan
TOR	RESIDENCE OF DECEDENT	Gen-1. t	105p.	Tane	YNWOP	vestminster	arro	11
DIRECT	10a. STATE 10b. COM	arroll		TOWN OR LOCATE	TION			INSIDE CITY LIMITS? YES 2
VERAL	306 Tane	y Driv	e	101	21787	10g. CIT	U.S.	
BY FUNI	11. MARITAL STATUS 1 Never Married 2 X Married 3 Widowed 4 Divorced	12. WAS DECEOENT EVE FORCES? 1 7 Y. IF YES, GIVE WAR OF	ES 2 NO	If yes, sp	CENDENT OF HISPANIC ORIGINAL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL C		Black, Whi	maricen indian Ita, atc. hite
ETED	15. DECEDENT'S E (Specify only highest gri	ede completed)	16a. DECEDENT'S L (Give kind of w life. Do NOT use	ork done during mo	ON 1st of working	66. KIND OF BUSINESS/IN	DUSTRY	
	Elementary/Secondary (0-12)	College (1-4 or 5+)	Stone I			Masonry		
COMPL	17. FATHER'S NAME (First, Middle, Last)	ah am Cor			10. MOTHER'S NAME (First			
BE	Leroy C. Burn	mam, Sr.	19h MAII ING	ADDRESS /Small	Beulah  and Number or Rural Route Nu	Harmon	in Code)	
2	Janeda T. Bu	mham			ive Taneytow			
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	21. SIGNATURE OF FUNERAL SERVICE	R. Flai	ght	HAIG! Syke:	ND ADDRESS OF FACILITY HT FUNERAL SVIlle, MD 2	21784 (301	)-795-1	
		or complications that ceure. List only one cause o	#ed the deeth. Do no n aech line.	ot enter the mo	ode of dying, such se ca	ardiac or respiratory as	rreat,	Approximation of the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second se
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RTIFICATION	disease or condition	b. APT DUE TO (OR A	AS A CONSEQUENCE OF	): 0776 CM	ILATION	n Disons		ACUT
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WAS AN AUTOPSY PERFORMED?  1 YES 2 INO  one)  ther (Specify)  DESCRIBE HOW INJURY OF Town, State)	24b. WEF AMAL COM OF 1 1 CCCURED ar or Rural Route.	RE AUTOPSY FINIL ABLE PRIOR TIPLETION OF CODEATH?  YES 2 N

32. REGISTRAP'S SIGNATURE June Dandall

DHMH-16 Rev 1/89

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach		IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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DR A	HEC	be filed within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burial, cremation, or removal.	E
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	REGISTRAR		CERI	IFICAL	E OF	DEATH	F	REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)  ELLA MIGNO						2. DATE OF MONTH	DEATH DAY	. 199	3 1 0 0	
1	4. SOCIAL SECURITY NUMBER 220-40-6429	5. SEX 8.	AGE (In yrs. lest birthd	MONTHS	DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF I (Month, Da			BIRTHPLACE (State or Foreign Country) MARYLAND	
	9s. FACILITY NAME (If not institution, give	street and number)		9b. CIT	Y, TOWN	OR LOCATION OF D				Y OF DEATH	
DINECTOR	BAYSIDE NURSING	CENTER		L	LEXINGTON PARK				ST. MARY'S		
	10e. STATE 10b. COUNT	Y	10c.	CITY, TOWN	Y, TOWN OR LOCATION					10d. INSIDE CITY	
	MARYLAND S'	T. MARY'S		LEON	7	OWN			10a CITIZE	1 TYES 2 NO	
	P.O. BOX 497					20650			U.S.A.		
	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT E FORCES? 1	EVER IN U.S. ARMED YES 2 X NO OR DATES	13.	If yes, sp	DECENDENT OF HISPANIC ORIGIN? (s. specify Cuban, Mexican, Puerto Ric YES 2 NO Specify:			r No— 1	4. RACE — American Indian, Black, Whits, etc. Specify: BLACK	
	15. DECEDENT'S EDU (Specify only highest grad		16a. DECEDEN	T'S USUAL (	OCCUPATION OF COLUMN	ON ost of worldng	16b. Kil	ID OF BUSIN	NESS/INDU	STRY	
	Elementary/Secondary (0-12)	College (1-4 or 5+)	ilfe. Do NO	T use retired. EMAKE	)	or working					
	17. FATHER'S NAME (First, Middle, Last)					16. MOTHER'S N	AME (First, Midd	le, Meiden St	ımame)		
- 18	WILLIAM FRANCI	S SWALES				JANE	FRANC	ES Mc	WILLI	IAMS	
	19e. INFORMANT'S NAME (Type/Print)		19b. MAII	LING ADDRES	SS (Street	end Number or Rura	l Route Number,	City or Town,	Statu, Zip C	Code)	
	MRS. ELLA M. CAR	TER	P.O.	BOX	497,	LEONAR	DTOWN,	MARY	LAND	20650	
	20a. METHOD OF DISPOSITION 1 N Burlal 2 Cremation 3 Rer 4 Donation 5 Other (Specify)	noval from Stata	20b. PLACE OF DIS other place) OLD ST	SPOSITION (A	lame of ce	metery, cremetory or		20c. LOCA	ATION — CI	lty or Town, State  OWN, MARYLAND	
	21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE -	10	22	. NAME A	ND ADDRESS OF F			1112 1 0	, and a second	
	Called V.	proxee	le ///.	P	.0.	BOX 279,	LEONA	RDTOW	N, MI	20650	
	disease or condition resulting in death)  Due to (or as a consequence of):  Due to (or as a consequence of):  Correct Consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Correct Consequence of):  Due to (or as a consequence of):  Correct Consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):										
	PART II. Other significant condition	one contributing to d	•		-			PERFORM	ED?	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO	
	25. WAS CASE REFERRED TO MEDICAL	T			26. P	LACE OF DEATH (	Check only one)				
	EXAMINER?	HOSPITAL:	ER/Outpatient 3 🗆 DC	OTHE A A DKN	R:	me 5 🗆 Rasidenc		(nectfu)			
	27. MANNER OF DEATH	26s. DATE OF IN	IJURY 28b	TIME OF	28c. IN	JURY AT		IBE HOW IN	JURY OCCI	URED	
	1 Natural 5 Pending 2 Accident Investigation			INJURY M	1 🗆	YES 2 NO					
	3 Suicide 6 Could not be determined	28e. PLACE OF building, et	INJURY — At home, fa c. (Specify)	erm, street, fa	ictory, offi	ce		ON (Street an Town, State)	d Number o	or Rural Route Number,	
	(OTHER OTH)	SICIAN: To the best of m								d. cause(s) and manner as stated.	
	296 SIGNATURE AND TITLE OF CERTIFI	ER	0			29c. LICENSE N	UMBER		29d. DATE	SIGNED (Month, Day, Year)	
	( day)	Jenn	J -			001	300	,	> 1.	9.96	
2	JOHN F. FENWIC		OF DEATH (ITEM 27) MEDICAL A		LDG.	. LEONA	RDTOWN	MAR		0 20650	
	31. DATE FILED (Month, Day, Year)	12 DEGISTRAD	S SIGNATURE	•		, DEGIN		,	_ 2/4 34 1 3		
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TO BE COMPLETED BY FUNERAL DIRECTOR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE REGISTRAR	OMIL OF MAIL	CERTIF	ICATE OF	DEATH	REG	i. NO.		
1. DECEDENT'S NAME (First, Middle, Last,	)				2. DATE OF DEA	ATN DAY	YEAR 3	3. TIME OF DEATH
George W. B	assford				Janua		1990	8.00
4. SOCIAL SECURITY NUMBER		GE (In yrs. lest birthdey)		IF UNDER 24 HRS.	7. DATE OF BIRT	TH T	S. BIRTHPI	LACE (State or Foreign
578-05-3557-A	1 <b>X X</b> 2 □ F	85 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Y	04	Country)	Md.
9e. FACILITY NAME (If not institution, give	street and number)		9b. CITY, TOWN	OR LOCATION OF D	EATN	9c. CO	UNTY OF DEA	
Southern MD	Hospital	Center		Clinton		Pr	ince	George to
10e. STATE 10b. COUN			TY, TOWN OR LOCA	TION			1	IOd. INSIDE CITY
	/A	Wa		on, D.C.				LIMITS?
100. STREET AND NUMBER			10	M. ZIP CODE				AT COUNTRY?
4700 Souther:	12. WAS DECEDENT EVE		12 WAS DE	20019 CENDENT OF NISPA	HC OBIOINS (Page		J.S.A	- American Indian,
1 Never Merried 2 Merried 3 Nidowed 4 Divorced	FORCES? 1 Y	ES 2XXNO	If yes, s	pecify Cuban, Mexico S 2 NO Specif	n, Puerto Ricen, a		Black, Specify:	White, etc.
15, DECEDENT'S ED (Specify only highest grad	UCATION de completed)		S USUAL OCCUPATI work done during m		16b. KIND (	OF BUSINESS/IP	DUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)	life, Do NOT u	ise retired.)					
10	0	Sales	s Manag	er	Sea	rs De	partm	ent Stor
17. FATHER'S NAME (First, Middle, Last)	c 1				ME (First, Middle, A			
James H. Bass	rord				Mae Ai	_		
190. INFORMANT'B NAME (Type/Print)  Robert D. Bas	sford			end Number or Aural 8 , Purc∈				2
		20b. PLACE OF DISPO				0c. LOCATION -		
20e METNOD OF DISPOSITION  Burlel 2 Cremation 3 Red  U Donalion 5 College Special	movel from State	other place)		oln Cen			twood	
11. SIGNATURE OF PUNERAL SUPPLY	CENBEE	-//						ome, Inc.
46	- nu	Alle-	6633	01d Al	exande	r Fer	ry Ro	ad
23. PART I. Emer Die diseases, or		70						Approximete
disease or condition resulting in death)	o. Carc	AS A CONSEQUENCE O	g of	5+0	mac	4		9 mont
Sequentisily list conditions, if any, lesding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (OR A	AS A CONSEQUENCE O	OF):					
that initiated events resulting in death) LAST	d.	AS A CONSEQUENCE O	OF):					
PART II. Other significent condition	ons contributing to des	th but not resulting	in the underlyin	na csuse alven in	Part I. 24a, W	AS AN AUTOPS	y 24b 1	WERE AUTOPSY FINDINGS
pneumo	n:9				Р	YES 2 NO	3	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
25. WAS CASE REFERRED TO MEDICAL			26. F	PLACE OF DEATH (C)	neck only one)			
EXAMINER?  1   YES 2   X NO	HOSPITAL:	Outpatient 3 🗆 DOA	OTHER:	me 5 🗆 Residence		(fv)		
27. MANNER OF DEATN	28e. DATE OF INJU	IRY 28b. TIR	ME OF 28c. IN	JURY AT	28d. DESCRIBE		CCURED	
1 Natural 5 Pending	(Month, Day, Ye	in in		ORK? YES 2 NO				
Accident     Suicide 6 Could not be determined.	28e. PLACE OF INJ	IURY — At home, ferm, (Spec/ly)	street, factory, offi	ce	28f. LOCATION ( City or Town,		er or Rural Ro	ute Number,
90. CERTIFIER 170/ CERTIFYING BUY	SICIAN: To the best of my k	nowledge death accur	vad at the time dat	a and place and du	to the courseful or		and .	
anni	NER: On the basic of examin							and menner ea stated.
96. SIGNATURE AND TITLE OF CERTIFI	ER ()			29c. LICENSE NU	MBER	29d. D/	TE SIONED	Month (Day, Year)
Kongly Las	dmant	20		D180	55		1/9	150
10. NAME AND ADDRESS OF PERSON W	VHO COMPLETED CAUSE OF	F DEATH (ITEM 27) (Type	e, Print)					/,
Consul Landin	222400	440 Y	ennsy	1099.91	fre. V	reel	her	bootsel
31. DATE FILED (Month, Day, Year)	32 REGISTRAR'S	SON-Mandale	/					
DAN I U 9U	guna kunta	21-16-12						

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DHMH-18 Rev 1/89

TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlai-trans he filled within 72 hours after death with the State Debt, of Health and Mental Hygiene prior to burlai, cremation, or removal.	once.
Page 6 may be retained b	director, page 5 should	er must be notified
thin 24 hours after death.	stely filled in by the funeral mation, or removal.	it, the medical examin
certificate be executed wit	ding physician and comple lygiene prior to burial, cre	other traumatic ever
v requires that the death	been signed by the attent, of Health and Mental P	shows any injury, or
DING PHYSICIAN; The Ia	After this certificate has death with the State Dec	s marked, or item 23
THE HOSPITAL OR ATTEN	D THE FUNERAL DIRECTOR	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1	FOR STATE REGISTRAR	STATE OF MARYLAI	ND / DEPARTA			MENTAL HYGIENI REG. NO.	E	
	1. DECEDENT'S NAME (First, Middle, Lest) Herman	Leo Bar	tz S:	r.		2. DATE OF DEATH BA		3. TIME OF DEATH 2:10P M
	4. SOCIAL SECURITY NUMBER 578-05-4431	1 🖾 M 2 🗆 F 71	YRS.	UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Dey, Year) 10-3-1918	Ma:	THPLACE (State or Foreign ntry) Cyland
TOR	98. FACILITY NAME (If not institution, give a Physicians Memor	ial Hospital	91	La Pl	ata	EATH	oc. COUNTY DE	10.71
DIRECTOR	residence of decedent  100. STATE 100. COUNTY  Maryland Ch	arles		own or Local	TION			10d. INSIDE CITY LIMITS? 1 YES 2 X ND
FUNERAL D	104 STREET AND NUMBER P. 0. BOX 116	42.400			20612		10g. CITIZEN OF	WHAT COUNTRY?
B	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 XDVorced	12. WAS DECEDENT EVER IN U FORCES? 1 YES IF YES, GIVE WAR OR DAT	2 XND	If yes, sp	ENDENT OF HISPAN	NIC DRIGIN? (Specify Yes in, Puerto Ricen, etc.) y:	or No — 14. RA Bla Sp	CE — American Indien, ick, White, etc.
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION o completed)  College (1-4 or 5+)	(Give kind of work ille. Do NOT use n Farmer	done during me		166. KIND OF BUS	INESS/INDUSTRY	
BE CON	17. FATHER'S NAME (First, Middle, Lest) William F. Bartz					ME (First, Middle, Maiden e Sigorsky	Surname)	
TO E	Herman L. Bartz,		Box 71	St. P	eter's Ch	Poute Number, City or Town	Waldorf	. Md. 20601
	20a. METHOD OF DISPOSITION 1 Surial 2 Cremation 3 Rem 4 Donation 6 Other (Specify)	St	phace of disposition of the place) Paul's	Episc	pal Ch.	Cem. Wa]	cation - city or Ldorf, M	aryland
	-111lle (3)	do		Hunt	t Funera	WILLIT T		100
NO	23. PART I. Enter the diseases, of ahock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions,	a Cordo	COMBEQUENCE OF):	rest Hea	f fau	th as cardiac or respi	retory arrest,	Approximata Interval Between Onset and Death
CERTIFICATION	if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	e. Plaum due to (on all a c	geal	cane	~ U			
PHYSICIAN: MEDICAL C	PART II. Other algorificant condition	na contributing to death bu	t not reaulting in	tha underlyin	g cause given in	Part I. 24a. WAS AN PERFOR	RMED?	4b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?  1 YES 2 ND
ICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. P	LACE OF DEATH (CA	heck only one)		
BY PHYS	1 VES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	26s. DATE OF INJURY (Month, Day, Year)	tlent 3 DOA 4	28c. IN	JURY AT DRK? YES 2 NO	6 Other (Specify)  26d. DESCRIBE HOW I	NJURY OCCURED	
8	3 Suicide 6 Could not ba 4 Homicide determined	28e. PLACE OF INJURY - building, atc. (Specif	At home, farm, stre	et, factory, offi	P#	281. LOCATION (Street : City or Town, State)	and Number or Run	el Route Number,
COMPLET	dead only	ER: On the basis of examination						e(s) and manner as stated.
TO BE C	29b. SIGNATURE AND TITLE OF CENTIFIE	le mo			29c. LICENSE NU		29d. DATE SIGN	ED (Morith, Day, Year)
F	R T, PACE, M, D	. P O BP	X 249 W	aLDOR	F, MARYL	AND 20604		
	JAN 1 1 90	32. REGISTRAR'S SIGNA	TURE Ison-Aandeli	٤				DHMH-16 Rev 1/89

	`	71	/
DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALTIMORE, MARYLAND 21203-3146	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with dura after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burla-transit permit. Proves 1, 2, 8 at an attending to the State Dear, of Health and Mental Hydere prior to burlal, cremation, or removal.	8 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION OF VIT	OR ATTENDING PHYSICIAN:	DIRECTOR: After this certifical	item 28 is marked, or ite
	TO THE HOSPITAL	TO THE FUNERAL	IMPORTANT: If Item 28 Is 1

-	FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL	HYGIENE REG. NO.	
1. 0	DECEDENT'S NAME (First, Middle, Last)		2. DATE O	F DEATH	

	1. DECEDENT'S NAME (First	, Middle, Last)								2, DATE (	OF DEATH	v	YEAR	3. TIME OF DEATH
			R. Bisho	ор							n. 15,			16:20 M
	4. SOCIAL SECURITY NUME	BEA	5. SEX	6. AGE (In yrs. le	st birthday)	IF UNDER	1 YEAR	IF UNDE	R 24 HRS.	7. DATE C	Day, Year)		8. BIRTH Country	PLACE (State or Foreign
	217-10-502		1 M 2 KF	72	YRS.					01-	24-191		W	•
-	Se. FACILITY NAME (If not in					CHI I			TION OF DE	EATH			NTY OF DI	
0		Memorial Hospital						rlan	d			Al	lega	ny
E	10e. STATE	10b. COUNTY	1		10c. CITY, TOWN OR LOCATION						10d. INSIDE CITY			
BIB	MD	A11	Legany			01d	town	a						LIMITS?
4	10e. STREET AND NUMBER		0 ,				10	. ZIP CO	DE			10g. CITI	ZEN OF W	HAT COUNTRY?
FUNERAL DIRECTOR	Route 1 H	3ox 209	9					215	55				USA	
5	11. MARITAL STATUS			NT EVER IN U.S. AI							(Specify Yea	or No-		— American Indian, , White, etc.
BY F	1 Never Married 2 1			WAR OR DATES	NO				Specify	n, Puerto R y:	icen, arc.)		Specif	ly:
	32.00													white
COMPLETED	(Specify on	CEDENT'S EDU- ly highest grade	completed)	(0	ECEDENT'S Silve kind of a. Do NOT u	work done	CCUPATI during me	ont of work	king	16b.	KIND OF BUS	SINESS/INC	USTRY	
١٣	Elementary/Secondary (I	0-12)	College (1-4 or 5	+}	house						own ho	nmo		
×	17. FATHER'S NAME (First, A	Airidia Last)			House	EWILE		18 MO	THEO'S NA		liddle, Maiden		_	
ŏ	m primary name (1994, 19		rge W. Wa	aoner				10. 100	THEN S IVA		ta Mor			
BE	19a. INFORMANT'S NAME (		60 m		Pb. MAILING	O AODRESS	S (Street	and Numb	er or Rural		er, City or Town	0	Code)	
2	Charles Bi	shop									, MD 2			
	20e. METHOD OF DISPOSIT			20b. PLACE	OF DISPO						-	CATION —		wn, State
	1 ← Burial 2 ☐ Crematic	on 3 🗔 Rem r (Specify)	ovel from State	Oli	ver (	Grove	Cer	nete	rv		(	Oldto	wn.	MD
	21, SIGNATURE OF FUNERA	AL SERVICE LIC	CENSEE			22.	NAME A	ND ADDR	ESS OF FA	CILITY				
- 1	<b>▶</b> () <sub>c</sub>	7	Many	2.11:							Home .		1 and	, MD 21502
	23. PART /. Enter the d	diseeses, or	complications in	at caused the d	eath. Do	-								Approximate
CERTIFICATION	IMMEDIATE CAUSE (Fidesese or condition resulting in death)  Sequentially list condition if any, leeding to immer cause. Enter UNDERLY CAUSE (Disease or injusted initiated events resulting in death) LAS	tions, addate ring	h Hypen	al Fibri por as a consu rtension por as a consu	EOUENCE (	OF):								
MEDICAL C	PART II. Other algoritic		_	o death but not	resulting	in the u	nderlylr	g cause	given in	Part I.	24a. WAS AN PERFOI 1  YES 2	RMEO?	24b	. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
ž													L_	
CIA	25. WAS CASE REFERRED 1 EXAMINER?	TO MEDICAL	HOSPITAL:			OTHE		LACE OF	DEATH (C	heck only on	0)			
PHYSICIAN	1 🖾 YES 2 🗌 NO		<del></del>	ER/Outpatient		4 🗆 Nu	sing Ho		Residence	6 🗌 Other				
ву РН	27. MANNER OF DEATH  1 Natural 5 2 Accident	Pending Investigation		Day, Year)		M	1 [	JURY AT ORK? YES 2	□ NO	26d. DE9	CRIBE HOW I	INJURY OC	CURED	
	3 Suicide 6 4 Homicide	Could not be determined	28e. PLACE building	OF INJURY — At It g, etc. (Specify)	nome, ferm,	, street, fac	tory, offi	ce			ATION (Street or Town, State)		r or Rural i	Route Number,
COMPLETED	cool only		ICIAN: To the best of											a) and manner as stated.
	296. SIGNATURE AND TITL	E OF CERTIFIE	я					29c, L	CENSE NU	MBER		29d. DA1	E SIGNE	(Month, Day, Year)
TO BE	Mand MAD ADDRESS O	DE PERSON WI	40 COMPLETED CA		5. Mo		x.		0915			<b>&gt;</b> (	16	90
	Paul Snow						hir.	4 C+	reet	Cum	herlar	nd M	m 21	502
						*** 1	HILL	ى ى	reet.	, ouill	Jerral	iu, r	<i>w</i> 41	302
	JAN 16	990 g	the Causes	AR'S EIGNATURE	L									

		1 - FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTMENT CERTIFICAT	NT OF HEA	ALTH AND M	MENTAL HYGIENI REG. NO.	90-	01832
	, :	1. DECEDENT'S NAME (First, Middle, Last) Grace	E.	Brow	n		2. DATE OF DEATH 84 02 - 08 - 9	ď YE	AR 3. TIME OF DEATH
should		4. SOCIAL SECURITY NUMBER  334-22-3277  9a. FACILITY NAME (If not institution, give str	1 🗆 M 2 🌾	7 8 YRS. MONTH	TY, TOWH OR L	LOCATION OF DEA	7. DATE OF BIRTIN (Month, Day, Year) 19-26-11 ATH	C	HATTNPLACE (State or Foreign June)
2,	стоя	. Harbor Hospit	al	В	altim	ore _	В	altimo	ore
permit. Pages 1,	DIRECTOR	MD Anne  10e. STREET AND NUMBER	Arundel	Oden					10d. INSIDE CITY LIMITS? 1 YES 2X NO OF WHAT COUNTRY?
- <del>55</del>	FUNERAL	1415 Duckens St			21	1113		USA	1
03-3146 attending physician. e as the burial-transit	BY	1 Never Martied 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	If yes, specif		C ORIGIN? (Specify Yes i, Puerto Ricen, stc.)		RACE — American Indian, Black, White, atc. Specify: White
21203-	LETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)		16a. DECEDENT'S USUAL (Give kind of work do life. Do NOT use retired	ne during most o	of working	16b. KIND OF BUS	INESS/INDUST	RY
the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of the street of th	COMPL	17. FATHER'S NAME (First, Middle, Last) John Eckman		Housewife		6. MOTHER'S NAM	<u>Househ</u> ME (First, Middle, Malden : Fair		-11 - 2
MARKET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET STREET ST	TO BE	19a. INFORMANT'S NAME (Type/Print) Warren F. Brow	zn.		40-90 00 COR		oute Number, City or Town		(b) 21113
MORE, R age 6 may be director, page or must be		20a. METHOD OF DISPOSITION 150 Burlel 2 Cremation 3 Remote 4 Donation 5 Other (Specify)	20b.	place of disposition other place)  pip.hany C	(Name of cement emete:	ery, cremetory or	ode:	nton,	or Town, Stats MD
SALTII r death. P e funeral		21, SIGNATURE OF FUNERAL SERVICE UD	stery ()	- 1	851 Ar	nnapol.		Gambi	rills, MD
hin 24 hours af tely filled in by mation, or rem t, the medic.		IMMEDIATE CAUSE (Final	ist only off cause on ea	Ich line.			as cardiac or respl	ratory arreat,	Approximata Interval Between Onset and Death
O. BOX 1314.  n certificate be executed and confing physician and conflygiene prior to burial, or other traumatic er	CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A  DUE TO (OR AS A  Uterial  DUE TO (OR AS A	CONSEQUENCE OF):  TUMOS  CONSEQUENCE OF):  OMA OF	Adhes	obstr	octron small b	onel.	
ECORE equires that en signed by of Health and	MEDICAL	PART II. Other significant condition  D Post - Surgi  with anaste  D Hypotensia	cal resect		nall b		PERFOR	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATN?  1 YES 2 1 NO
VITAL R CIAN: The law n ertificate has be the State Dept. or item 23 s	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 X, YES 2 \( \square\) NO	HOSPITAL:	ОТН	26. PLAC	CE OF DEATH (Che	ock only one)		
OF VITAI PHYSICIAN: The this certificate he with the State in the State in the the the the the the the the the the	PHYS	27. MANNER OF DEATH  1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	26b. TIME OF INJURY	28c. INJUR WORK	TY AT	6 Other (Specify) 28d. DESCRIBE NOW II	NJURY OCCURE	ED
DIVISION OF OR ATTENDING PHYSI DIRECTOR: After this c hours after death with Hom 28 is marked,	red BY	2 Accident Investigation 3 Suicide a Could not be determined	28e. PLACE OF INJURY building, etc. (Spec	— At home, farm, atreet,		S 2 NO	281. LOCATION (Street a City or Town, State)		Burel Route Number,
로 작전 =	COMPLET	cont only / 1	CIAN: To the best of my knowl B: On the basis of sxamination						suse(s) and manner as stated.
TO THE HOSPI TO THE FUNER be filed within	B E	29b. SIGNATURE AND TITLE OF CENTURES ON. Michael D.	Goldley			POT LICENSE NUN			GNED (Month, Dey, Year)
	TO	Dr. Michael D.	Goldberg	Hurbor Ho	spital	Center	3001 S. Han	lover St	. Balto. MD.
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## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCIENE

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PLACE OF DEATH (Ch  29. PLACE OF DEATH (Ch  20. FINJURY AT WORK?  M 1 YES 2 NO  E OF INJURY — At home, farm, street, factory, office	TO (OR AS A CONSEQUENCE OF):  Acute M I  TO (OR AS A CONSEQUENCE OF):  Commy Athron School Sis.  TO (OR AS A CONSEQUENCE OF):  to death but not resulting in the underlying cause given in Part I.  28. PLACE OF DEATH (Check only one)  OF INJURY  OF INJURY  OF INJURY  At home, farm, street, factory, office  28f. LOCATION (Street)	TO (OR AS A CONSEQUENCE OF):  Acute M'I  TO (OR AS A CONSEQUENCE OF):  Commy Athrony Subject Sis  TO (OR AS A CONSEQUENCE OF):  to death but not resulting in the underlying cause given in Part I.  24e. WAS AN AUTOPSY PERFORMED?  1 YES 2 NO  28. PLACE OF DEATH (Check only one)  OTHER: 4 Nursing Home 5 Residence 6 Other (Specify)  OF INJURY NORY? M 1 YES 2 NO  28f. LOCATION (Street and Number on the street, factory, office)  28f. LOCATION (Street and Number on the street, factory, office)  28f. LOCATION (Street and Number on the street, factory, office)  28f. LOCATION (Street and Number on the street, factory, office)  28f. LOCATION (Street and Number on the street, factory, office)	TO (OR AS A CONSEQUENCE OF):  ACCUTE M ' I  TO (OR AS A CONSEQUENCE OF):  TO (OR AS A CONSEQUENCE OF):  To (OR AS A CONSEQUENCE OF):  To (OR AS A CONSEQUENCE OF):  To (OR AS A CONSEQUENCE OF):  To (OR AS A CONSEQUENCE OF):  To (OR AS A CONSEQUENCE OF):  To (OR AS A CONSEQUENCE OF):  To (OR AS A CONSEQUENCE OF):  To (OR AS A CONSEQUENCE OF):  To (OR AS A CONSEQUENCE OF):  To (OR AS A CONSEQUENCE OF):  To (OR AS A CONSEQUENCE OF):  To (OR AS A CONSEQUENCE OF):  To (OR AS A CONSEQUENCE OF):  To (OR AS A CONSEQUENCE OF):  To (OR AS A CONSEQUENCE OF):  To (OR AS A CONSEQUENCE OF):  To (OR AS A CONSEQUENCE OF):  To (OR AS A CONSEQUENCE OF):  To (OR AS A CONSEQUENCE OF):  To (OR AS A CONSEQUENCE OF):  To (OR AS A CONSEQUENCE OF):  To (OR AS A CONSEQUENCE OF):  To (OR AS A CONSEQUENCE OF):  To (OR AS A CONSEQUENCE OF):  To (OR AS A CONSEQUENCE OF):  To (OR AS A CONSEQUENCE OF):  To (OR AS A CONSEQUENCE OF):  To (OR AS A CONSEQUENCE OF):  To (OR AS A CONSEQUENCE OF):  To (OR AS A CONSEQUENCE OF):  To (OR AS A CONSEQUENCE OF):  To (OR AS A CONSEQUENCE OF):  To (OR AS A CONSEQUENCE OF):  To (OR AS A CONSEQUENCE OF):  To (OR AS A CONSEQUENCE OF):  To (OR AS A CONSEQUENCE OF):  To (OR AS A CONSEQUENCE OF):  To (OR AS A CONSEQUENCE OF):  To (OR AS A CONSEQUENCE OF):  To (OR AS A CONSEQUENCE OF):  To (OR AS A CONSEQUENCE OF):  To (OR AS A CONSEQUENCE OF):  To (OR AS A CONSEQUENCE OF):  To (OR AS A CONSEQUENCE OF):  To (OR AS A CONSEQUENCE OF):  To (OR AS A CONSEQUENCE OF):  To (OR AS A CONSEQUENCE OF):  To (OR AS A CONSEQUENCE OF):  To (OR AS A CONSEQUENCE OF):  To (OR AS A CONSEQUENCE OF):  To (OR AS A CONSEQUENCE OF):  To (OR AS A CONSEQUENCE OF):  To (OR AS A CONSEQUENCE OF):  To (OR AS A CONSEQUENCE OF):  To (OR AS A CONSEQUENCE OF):  To (OR AS A CONSEQUENCE OF):  To (OR AS A CONSEQUENCE OF):  To (OR AS A CONSEQUENCE OF):  To (OR AS A CONSEQUENCE OF):  To (OR AS A CONSEQUENCE OF):  To (OR AS A CONSEQUENCE OF):  To (OR AS A CONSEQUENCE OF):  To (OR AS A CONSEQUENCE OF):  To (OR AS A CONSEQUENCE OF):  To (OR AS A CONSEQUENC

TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within zerbours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunlal-transit to be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DIVISION OF VITAL RECORDS, P.O. BOX 13146,	BALLIMORE, MARTLAND
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within fours after death. Page 6 may be retained by the hosp	er death. Page 6 may be retained by the hos
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be flied within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	the funeral director, page 5 should be detache val.
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	I examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MA			OF HEALTH AND I		GIENE G. NO.		
1	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DE	ATH DAY		, TIME OF DEATH
	RUTH B. BECK	ER				Jan.		90	м
	4. SOCIAL SECURITY NUMBER		AGE (In yrs. lest birthday		F UNDER 24 HRS.	7. DATE OF BIR	TH		ACE (State or Foreign
	219-36-8380	1 M 2 F	79 YRS.	MONTHS	MYS HOURS MIN.	Sept.	17,191		lorado
	9e. FACILITY NAME (If not institution, give st	reet and number)		9b. CITY, T	OWN OR LOCATION OF DE			UNTY OF DEA	
E	Anne Arundel M	edical (	lenter	A	na polis		An	ne Ai	rundel
5	RESIDENCE OF DECEDENT								
DIRECTOR	10e. STATE 10b. COUNTY			ITY, TOWN OR					Od. INSIDE CITY LIMITS?
		ange	01	rlando					YES 2 NO
FUNERAL	10a. STREET AND NUMBER				10f. ZIP CODE				AT COUNTRY?
N N	1953 Lake Sue				32806			S.A.	
	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT E FORCES? 1	YES 2-NO	H 1	S DECENDENT OF HISPAN res, specify Cuben, Mexica	n, Puerto Rican,	etc.)		- American Indian, White, etc.
BY	3 Widowed 4 A Divorced	IF YES, GIVE WAR	OR DATES	110	YE8 2 KNO Specify	y:		Specify: Whi	
ED	15. DECEDENT'S EDUC		18e. DECEDENT	"8 USUAL OCC	UPATION	16b. KIND	OF BUSINESS/IN		
	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind o	of work done du use retired.)	ing most of working				
4	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	5 +	Tea	cher		P	ublic	Schoo	ols
COMPLET	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA				
BE C	Richard Briggs				Clara	Harr	ison		
	19a. INFORMANT'S NAME (Type/Print)		196. MAILI	NG ADDRESS (	Street and Number or Rural i	Route Number, City	y or Town, State, Z	(ip Code)	
2	Richmond A. Br	ooks	521	Thin	d Street	Anna	polis,	MD 2	21403
	20g METHOD OF DISPOSITION 3 C Burtal 2 Cremation 3 C Remo	oval from State	205. PLACE OF DISP	OSITION (Nam	e of cemetery, crematory or		20c. LOCATION -	- City or Town	n, State
	4 Donation 5 D Other (Specify)	1 /	Cedar	Hill	Cemetery		Suitl	and,	MD
- 1	24 SIGNATURE OF FUNERAL SERVICE LIG	ENBEE /	//	22 N.	AME AND ADDRESS OF FA	eral C	hapel	2140	)]
	Temaler XI.	Justo	1		7 Glouces				
	23. PART I. Enter the diseases, pr	principlications that c	sused the death. Di						Approximate
	ahock, or heart fallure.  IMMEDIATE CAUSE (Final	List only one cause	on each line.						Onset and Death
	disease or condition resulting in death)	· Covo	les pul	ma	an arre	te			100
	readiting in death)	DUE TO (O	R AS A CONSEQUENCE	OFy:	Uni				
z		* trail	ematem	1/04	lue.				
Ĕ	Sequentially list conditions, if any, leading to immediate	DUE TO (O	R AS A CONSEQUENCE	ÒF): \					
2	cause. Enter UNDERLYING CAUSE (Disease or Injury	4	R AS A CONSEQUENCE	OF.					
E	that initiated events resulting in death) LAST	000 10 (0	n AS A CONSEQUENCE	Or).					
CERTIFICATION		d							1
CAL	PART II. Other algnificant condition	e contributing to de	eeth but not resultin	g in the und	eriying cause given in	Part I. 24a.	WAS AN AUTOPS'		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
8						1 🗆	YES 2 NO		COMPLETION OF CAUSE OF DEATN?
MEDIC									1 - YES 2 - NO
ż									
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER	28. PLACE OF DEATH (C)	heck only one)			
YSI	1 YES 2 NO		ER/Outpetient 3 DO/	4 🗆 Nural	ng Home 5 - Residence				
	27. MANNER OF DEATH  1 Netural 5 Pending	28a. DATE OF IN (Month, Day,	Year) 286.	TIME OF INJURY	88c. INJURY AT WORK?	28d. DESCRIB	E HOW INJURY O	CCURED	
BY	2 Accident Investigation	20. 81.405.05	INJURY — At home, fars		1 YES 2 NO	204 1 0047101	I (December of March	0 - 10	- N-A-
ED	3 Suicide 8 Could not be 4 Homicide determined	building, at	c. (Specify)	n, arrest, racto	ry, office	City or Tow	(Street and Numb vn, State)	yer or nurei no	unoe,
COMPLETED	29e. CERTIFIER								
MPI	(Check only				ne, data and place, and du				
00			minimion and/or inveilig	etton, in my op	Inion, death occured at the	e time, data and i	place, and due to	the cause(s)	and menner as stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIE	n			29c. LICENSE NU	MBER	29d. D.	ATE SIGNED	Month, Day, Year)
10	ama	ecc, W	-					1161	190
	30. NAME AND ADDRESS OF PERSON WH				024-1-2	*l	Α	7.4	wn alola
	Jeffrey Smic 31. DATE FILED (Month, Day, Year)	llein, M		1521	Ritchie H	ıgnway	, Arno	ord'	MD 21012
	JAN 1 8 19		Tavidson Byd	000					
	01111 = 0 10	June June	A (148561 - 16 - 1/2)	100					DUMAN 18 Ben 1/80

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BALTIMORE, MARYLAND 21203-3146	LOR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a chours after death. Page 6 may be retained by the hospital or attending physicial	management of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the
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13146,	secuted within	Sand come bath
O. BOX	certificate be e	and the same of the same
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	w requires that the death	to the street of the other
F VITAL	SICIAN: The lan	
DIVISION O	OR ATTENDING PHIL	

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within an above a few forms after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It flom 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF M	IARYLAND / DEPARTMENT	OF HEALTH	AND MENTAL	HYGIENE
	CERTIFICATE	OF DEAT	H	REG. NO.

	1. DECEDENT'S NAME (First	t, Middle, Last)								2. DATE	OF DEATH			3. TIME OF DEATH
33	Kiv	A 5	Bu	+ler.						MDNTI		2	YEAR 90	M
	4. SOCIAL SECURITY NUMBER	BER	5. SEX	8, AGE (In yrs.	last birthday)	IF UNDER	R 1 YEAR	IF UNDE	R 24 HRS.		OF BIRTH	7	S. BIRTHE	PLACE (State or Foreign
	217-80-86		1 □ M 2 📈 F	28	YRS.	MONTHS	DAYS	HOURS	MIN.	03	- 14-1	61		YLAND
	90. FACILITY NAME (If not in ANNE ARUNDE			FR			APOL		ION OF DI	EATH			IF AR	UNDEL
2	RESIDENCE OF DEC		CAL CLAI			211111						1		ONBEL
DINECION	MARYLAND	10b. COUNT	E ARUNDE	10c. CITY, TOWN OR LOCATION ANNAPOLIS					10d. INSIDE CITY LIMITS? 1 YES 2 1					
1.0	10e. STREET AND NUMBER			-			10	r. ZIP COO	)E			10g. CITI		HAT COUNTRY?
	960 PRESID	ENT ST	REET					21	403				U.S.	A •
DI LONEUVE	11. MARITAL STATUS 1 Never Married 2  3 Widowed 4 Dive		12. WAS DECEDEN FORCES? 1 IF YES, GIVE V		ARMED		If yes, sp		en, Mexica	en, Puerto F	? (Specify Yea	or No—	14. RACE Black, Specify	— American Indian, White, etc.
1		CEDENT'S EQU by highest grade		16a.	DECEDENT'S	USUAL O	CCUPATION	ON		16b.	KIND OF BU	SINESS/IND	USTRY	DENOK
	Elementary/Secondary (I		College (1-4 or 5	+) HC	ÜSEKE	EPIN	G DE	PT.	ing		STATE	OF MA	ARYLA	ND
	17. FATHER'S NAME (First, A) DONALD BUTL							18. MO1			Middle, Melden			
2	190. INFORMANT'S NAME (		E.								oer, City or Tow NNAPOL			AND 21401
	20a. METHOD OF DISPOSIT			20b. PLAC	CE OF DISPO							CATION —	_	
	1/k ⊅Burial 2 ☐ Crematic 4 ☐ Donation 5 ☐ Other		oval from State	other	Place)									RYLAND
	21. SIGNATURE OF FUITER	L SERVICE LI	CENSEE		- A-LAILAI				ESS OF FA	ACILITY		ST ST		NAPOLIS, MI
XX	> > > /\	iam	Leon	TILLO		Tal.	TITI	AM F	REFSE	2 & 5	ONS MC	RTHAI	-	102
NO I POLICE	disease or condition resulting in death)  Sequentially list condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or Injuited intitation of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the co	dieta ING ury	b. OUE TO	OR AS A CONS	SEQUENCE O	el el el el el el el el el el el el el e	1 se	nu -	ps	n				Juuls
	PART II. Other algolifica	ant condition	na contributing to	deeth but no	ot resulting	in the u	nderlyin	g cause	given in	Part I.	24s. WAS AN PERFO	RMED?		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
		-								-				
	25. WAS CASE REFERRED 1 EXAMINER?	TO MEDICAL						LACE OF	DEATH (CA	heck only on	•)		-1	
	1 VES 2 NO		HOSPITAL:	ER/Outpatient	3 🗆 DOA	OTHE 4 Nu		ne 5 🗆 F	lesidence	6 🗆 Othe	r (Specify)			
	27. MANNER OF DEATH  Natural 5  Accident	Pending Investigation	28e. DATE OF (Month, L	INJURY Day, Year)	28b. TII	ME OF JURY M	W	JURY AT ORK? YES 2	□ NO	28d. DES	CRIBE HOW	INJURY OCC	CURED	
	A [] A 1 111	Could not be determined	28e. PLACE ( building,	F INJURY — At etc. (Specify)	home, ferm,	street, fac	tory, offic	Del Com		281. LOC City	ATION (Street or Town, State)	and Number	or Rural Ri	oute Number,
COURT PETER	enel		ICIAN: To the best of a											and manner as stated.
3	29b. SIGNATURE AND TITLE	E OF CERTIFIE	Place	MA				29c. LH	CENSE NU	MBER		29d, DAT	E SIGNED	(Month, Day, Year)
2	30 NAME AND ADDRESS O	OF PERSON WI	O COMPLETED CAU	SE OF DEATH (I			-	1.				1	1)	///
	31. DATE FILED (Month, Day,	NG 0/	32. REGISTRA	AR'S SIGNATURI	141	Map	189	15,	19	11.	2190	)/		
	(/13/JAN			Savidson		32								
			17											

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3. TIME OF DEATH

BIRT HPLACE (State or Foreign Country)
 79

MD 21061

Approximata Intervel Batween Onset and Death

24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

Elliw H

10:55 A M

1990"

9c. COUNTY OF DEATH

Howard

27,

FOR STATE REGISTRAR

220-38-2161

1. DECEDENT'S NAME (First, Middle, Last)

Eva Bohlander 4. SOCIAL SECURITY NUMBER

9a. FACILITY NAME (If not institution, give street and number)

Richard Kolodrudetz

IAN 23

orien Nursing Home

5. SEX

1 M 2 X F

1 -

DIREC	10a. STATE 10b. COUNTY	Arunde 1	10c. CITY, T Seve	OWN OR LOC	CATION			10d. INSIDE CITY LIMITS? 1 YES 2 X NO
BAL	10%. STREET AND NUMBER 8540 Pioneer Dr.			1	21144		U.S.A	EN OF WHAT COUNTRY?
D BY FUNERAL DIRE	11. MARITAL STATUS  1 Never Married 2 X Married  3 Widowed 4 Divorced	N U.S. ARMED 2 NO DATES	It yes,	ECENDENT OF HISPA	NIC ORIGIN? (Specify Yearn, Puarto Rican, etc.) fy:	4. RACE — American Indian, Black, Whita, etc. Specify: White		
LETED	15. DECEDENT'S EL (Specify only highest gra Elementary/Secondary (0-12)	DUCATION de completed) College (1-4 or 5 +)	16a. DECEDENT'S US (Give kind of work life. Do NOT use n	k done during r	TION most of working	16b. KIND OF BU	STRY	
once. COMPL	12	conege (I-4 of 5 +)	Homemak	er				
xaminer must be notified at once.  TO BE COMPI	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NA	AME (First, Middle, Malden	Sumame)	
BE at	Herbert Williams				Laura			
TO BE	19a. INFORMANT'S NAME (Type/Print)  19b. MAILING ADORESS (Street and Number or Rural Route Number, City or Town, State, Zip							
pe n	Richard G. Bohla		b. PLACE OF DISPOSITI					
must	1 X Burial 2 ☐ Cremation 3 ☐ Re 4 ☐ Donation 6 ☐ Other (Specify)	rownsville					lty or Town, Stata 11e, A.A., MD	
2	21. SIGNATURE OF FUNERAL SERVICE		OWIISVITIC		AND ADDRESS OF FA		MIIOAI	110, 71.71., 110
= 0	* Rhit	Sugar Bu	h		kley Fune Crain Hw		len Bu	urnie, MD 210
r death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remonal is marked, or litem 23 shows any injury, or other traumatic event, the medical of BY PHYSICIAN: MEDICAL CERTIFICATION	23. PART I. Enter the diseases, o shock, or heert failure immediate cause (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. 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within 72 hou TANT: If Ite	one) 2 MEDICAL EXAMI	NER: On the beels of examination			, death occured at the	e time, data and place, a	nd due to the	cause(a) and manner as stated
be filed within IMPORTANT:  O BE CO	29b. SIGNATURE AND TITLE OF CERTIF	olorluse	TIB		D313	575		nuary 22, 199

THE LANGESTRAP'S SIGNATURE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

IF UNDER 1 YEAR DAYS

Columbia

HOURS

9b. CITY, TOWN OR LOCATION OF GEATH

6. AGE (In yrs. last birthday)

YRS.

79

2. DATE OF DEATH

Jänüary

7. DATE OF BIRTH (Month, Day, Vear)
July 21,

DHMH-16 Rev 1/89

DHMH-16 Rev 1/89

DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALTIMORE, MARYLAND 21203-3146	TO THE MOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should have after death with the State Deat, of Health and Mental Hygiene prior to burial, cremation, or removal.	
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	4. SOCIAL SECURITY NUMBER	us Bar					1 11	9			
	317-22-1633	3	EX 5. AG		MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		Califor		
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TO B	19a. INFORMANT'S NAME (Type/						Route Number, City or Tow				
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	20e. METHOD OF DISPOSITION 1 Disposition 3 Removal from State 20b. PLACE OF DISPOSITION (Name of cometery, cramatory or other place) 20c. LOCATION — City or Town, State										
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e. STATE 10b. COUNTY		10c. CITY, TO	OWN OR LOCA	TION				10d. INSIDE CITY LIMITS?
MD. MONT	GOMERY	R	OCKVIL	LE				1 X YES 2 NO
STREET AND NUMBER			10	f. ZIP CODE		10	g. CITIZEN OF	WHAT COUNTRY?
788 PRINCETON	PL.			20850			U.S	
MARITAL STATUS 1:  Never Married 2 1 Married  Widowed 4 Divorced	2. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	If yes, sp	CENDENT OF HISPA: pecify Cuben, Mexico 5 2 NO Specific	en, Puerto R		No — 14. RAC Blac Spec	E — American Indian, ck, White, atc.
Three so and the same of					-			WHITE
15. DECEDENT'S EDUCAT (Specify only highest grade con	mpleted)	(Give kind of work life. Do NOT use re	done during mo	DN ost of working	16b.	KINO OF BUSINE	SS/INDUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)			ECRETARY		E COMPE	RENICE	TEAMSTERS
FATHER'S NAME (First, Middle, Last)		DOUGLE	LLLLY D.	18. MOTHER'S NA				THAT CHANT
JESSIE VA	RNELL				ESSIE		WEBB	
. INFORMANT'S NAME (Type/Print)		196. MAILING AD	ORESS (Street )	and Number or Rural		er, City or Town, St		
GEORGE R. BENNE	TT	SAM	E AS	ITEM #	10			
le. METHOD OF DISPOSITION  Burlel 2 1 Cremetion 3 Remove	of from State	PLACE OF DISPOSITION Other place)	ON (Name of ce	metery, cremetory or		20c. LOCATI	ION — City or T	own, State
□ Donation 6 □ Other (Specify)		CHAMBERS	_	ATORY		RIVE	RDALE,	MD.
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WAS AN AUT PERFORME  1 VES 2  (Specify)  CRIBE HOW INJU  ATION (Street and or Town, State)	ABUSE  TOPSY 24  TOPSY 24  TOPSY 07  NO  RY OCCURED  Number or Rural  as stated.  use to the cause	Approximate interval Between Onset and Death ONE WEEK ONE WEEK 2 WEEKS 2 WEEKS 2 WEEKS 2 WEEKS 4 WEEKS 4 WEEKS 4 WEEKS 4 WEEKS 4 WEEKS 4 WEEKS 4 WEEKS 4 WEEKS 4 WEEKS 4 WEEKS 4 WEEKS 4 WEEKS 4 WEEKS 4 WEEKS 4 WEEKS 4 WEEKS 4 WEEKS 4 WEEKS 4 WEEKS 4 WEEKS 4 WEEKS 4 WEEKS 4 WEEKS 4 WEEKS 4 WEEKS 4 WEEKS 4 WEEKS 4 WEEKS 4 WEEKS 4 WEEKS 4 WEEKS 4 WEEKS 4 WEEKS 4 WEEKS 4 WEEKS 4 WEEKS 4 WEEKS 4 WEEKS 4 WEEKS 4 WEEKS 4 WEEKS 4 WEEKS 4 WEEKS 4 WEEKS 4 WEEKS 4 WEEKS 4 WEEKS 4 WEEKS 4 WEEKS 4 WEEKS 4 WEEKS 4 WEEKS 4 WEEKS 4 WEEKS 4 WEEKS 4 WEEKS 4 WEEKS 4 WEEKS 4 WEEKS 4 WEEKS 4 WEEKS 4 WEEKS 4 WEEKS 4 WEEKS 4 WEEKS 4 WEEKS 4 WEEKS 4 WEEKS 4 WEEKS 4 WEEKS 4 WEEKS 4 WEEKS 4 WEEKS 4 WEEKS 4 WEEKS 4 WEEKS 4 WEEKS 4 WEEKS 4 WEEKS 4 WEEKS 4 WEEKS 4 WEEKS 4 WEEKS 4 WEEKS 4 WEEKS 4 WEEKS 4 WEEKS 4 WEEKS 4 WEEKS 4 WEEKS 4 WEEKS 4 WEEKS 4 WEEKS 4 WEEKS 4 WEEKS 4 WEEKS 4 WEEKS 4 WEEKS 4 WEEKS 4 WEEKS 4 WEEKS 4 WEEKS 4 WEEKS 4 WEEKS 4 WEEKS 4 WEEKS 4 WEEKS 4 WEEKS 4 WEEKS 4 WEEKS 4 WEEKS 4 WEEKS 4 WEEKS 4 WEEKS 4 WEEKS 4 WEEKS 4 WEEKS 4 WEEKS 4 WEEKS 4 WEEKS 4 WEEKS 4 WEEKS 4 WEEKS 4 WEEKS 4 WEEKS 4 WEEKS 4 WEEKS 4 WEEKS 4 WEEKS 4 WEEKS 4 WEEKS 4 WEEKS 4 WEEKS 4 WEEKS 4 WEEKS 4 WEEKS 4 WEEKS 4 WEEKS 4 WEEKS 4 WEEKS 4 WEEKS 4 WEEKS 4 WEEKS 4 WEEKS 4 WEEKS 4 WEEKS 4 WEEKS 4 WEEKS 4 WEEKS 4 WEEKS 4 WEEKS 4 WEEKS 4 WEEKS 4 WEEKS 4 WEEKS 4 WEEKS 4 WEEKS 4 WEEKS 4 WEEKS 4 WEEKS 4 WEEKS 4 WEEKS 4 WEEKS 4 WEEKS 4 WEEKS 4 WEEKS 4 WEEKS 4 WEEKS 4 WEEKS 4 WEEKS 4 WEEKS 4 WEEKS 4 WEEKS 4 WEEKS 4 WEEKS 4 WEEKS 4 WEEKS 4 WEEKS 4 WEEKS 4 WEEKS 4 WEEKS 4 WEEKS 4 WEEKS 4 WEEKS 4 WEEKS 4 WEEKS 4 WEEKS 4 WEEKS 4 WEEKS 4 WEEKS 4 WEEKS 4 WEEKS 4 WEEKS 4 WEEKS 4 WEEKS 4 WEEKS 4 WEEKS 4 WEEKS 4 WEEKS 4 WEEKS 4 WEEKS 4 WEEKS 4 WEEKS 4 WEEKS 4 WEEKS 4 WEEKS 4 WEEKS 4 WEEKS 4 WEEKS 4 WEEKS 4 WEEKS 4 WEEKS 4 WEEKS 4 WEEKS 4 WEEKS 4 WEEKS 4 WEEKS 4 WEEKS 4 WEEKS 4 WEEKS 4 WEEKS 4 WEEKS 4 WEEKS 4 WEEKS 4 WEEKS 4 WEEKS 4 WEEKS 4 WEEKS 4 WEEKS 4 WEEKS 4 WEEKS 4 WEEKS 4 WEEKS 4 WEEKS 4 WEEKS 4 WEEKS 4 WEEKS 4 WEEKS 4 WEEKS 4 WEEKS 4 WEEKS 4 WEEKS 4 WEEKS 4 WEEKS
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WAS AN AUT PERFORME  1 YES 2  (Specify)  CRIBE HOW INJU  ITION (Street and or Town, State)	ABUSE  TOPSY 24  TOPSY 24  TOPSY 07  NO  RY OCCURED  Number or Rural  as stated.  use to the cause	Approximate interval Batween Onset and Desth ONE WEEK ONE WEEK 2 WEEKS 2 WEEKS 2 WEEKS 2 WEEKS 2 WEEKS 2 WEEKS 2 WEEKS 2 WEEKS 2 WEEKS 2 WEEKS 2 WEEKS 2 WEEKS 2 WEEKS 2 WEEKS 2 WEEKS 2 WEEKS 2 WEEKS 2 WEEKS 2 WEEKS 2 WEEKS 2 WEEKS 2 WEEKS 2 WEEKS 2 WEEKS 2 WEEKS 2 WEEKS 2 WEEKS 2 WEEKS 2 WEEKS 2 WEEKS 2 WEEKS 2 WEEKS 2 WEEKS 2 WEEKS 2 WEEKS 2 WEEKS 2 WEEKS 2 WEEKS 2 WEEKS 2 WEEKS 2 WEEKS 2 WEEKS 2 WEEKS 2 WEEKS 2 WEEKS 2 WEEKS 2 WEEKS 2 WEEKS 2 WEEKS 2 WEEKS 2 WEEKS 2 WEEKS 2 WEEKS 2 WEEKS 2 WEEKS 2 WEEKS 2 WEEKS 2 WEEKS 2 WEEKS 2 WEEKS 2 WEEKS 2 WEEKS 2 WEEKS 2 WEEKS 2 WEEKS 2 WEEKS 2 WEEKS 2 WEEKS 2 WEEKS 2 WEEKS 2 WEEKS 2 WEEKS 2 WEEKS 2 WEEKS 2 WEEKS 2 WEEKS 2 WEEKS 2 WEEKS 2 WEEKS 2 WEEKS 2 WEEKS 2 WEEKS 2 WEEKS 2 WEEKS 2 WEEKS 2 WEEKS 2 WEEKS 2 WEEKS 2 WEEKS 2 WEEKS 2 WEEKS 2 WEEKS 2 WEEKS 2 WEEKS 2 WEEKS 2 WEEKS 2 WEEKS 2 WEEKS 2 WEEKS 2 WEEKS 2 WEEKS 2 WEEKS 2 WEEKS 2 WEEKS 2 WEEKS 2 WEEKS 2 WEEKS 2 WEEKS 2 WEEKS 2 WEEKS 2 WEEKS 2 WEEKS 2 WEEKS 2 WEEKS 2 WEEKS 2 WEEKS 2 WEEKS 2 WEEKS 2 WEEKS 2 WEEKS 2 WEEKS 2 WEEKS 2 WEEKS 2 WEEKS 2 WEEKS 2 WEEKS 2 WEEKS 2 WEEKS 2 WEEKS 2 WEEKS 2 WEEKS 2 WEEKS 2 WEEKS 2 WEEKS 2 WEEKS 2 WEEKS 2 WEEKS 2 WEEKS 2 WEEKS 2 WEEKS 2 WEEKS 2 WEEKS 2 WEEKS 2 WEEKS 2 WEEKS 2 WEEKS 2 WEEKS 2 WEEKS 2 WEEKS 2 WEEKS 2 WEEKS 2 WEEKS 2 WEEKS 2 WEEKS 2 WEEKS 2 WEEKS 2 WEEKS 2 WEEKS 2 WEEKS 2 WEEKS 2 WEEKS 2 WEEKS 2 WEEKS 2 WEEKS 2 WEEKS 2 WEEKS 2 WEEKS 2 WEEKS 2 WEEKS 2 WEEKS 2 WEEKS 2 WEEKS 2 WEEKS 2 WEEKS 2 WEEKS 2 WEEKS 2 WEEKS 2 WEEKS 2 WEEKS 2 WEEKS 2 WEEKS 2 WEEKS 2 WEEKS 2 WEEKS 2 WEEKS 2 WEEKS 2 WEEKS 2 WEEKS 2 WEEKS 2 WEEKS 2 WEEKS 2 WEEKS 2 WEEKS 2 WEEKS 2 WEEKS 2 WEEKS 2 WEEKS 2 WEEKS 2 WEEKS 2 WEEKS 2 WEEKS 2 WEEKS 2 WEEKS 2 WEEKS 2 WEEKS 2 WEEKS 2 WEEKS 2 WEEKS 2 WEEKS 2 WEEKS 2 WEEKS 2 WEEKS 2 WEEKS 2 WE WE WE WE WE WE WE WE WE WE WE WE WE

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DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALTIMORE, MARYLAND 21203-3146
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nouns after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the builal-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to builal, cremation, or removal.
IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1. DECEDENT'S NAME (First, Middle, Las Emily			ICATE (	OF DEAT		MENTAL	REG. NO.			
	n Christine	Rat	eman			2. DATE D MONTH	F DEATH	W	YEAR 90	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER		AGE (In yrs. lest birthday)		AR IF UNDER	24 HRS.	7. DATE C				5:30 a N
none	1 M 2 F	YRS.	MONTHS DA		MIN.	(Month,	Day, Year)	000	Count	(Y)
9a. FACILITY NAME (If not institution, give	1 4		as out was	WN DR LOCATI	5		5 - 1		INTY DE D	A TALL
						AIR		Ve. COL	MITUFU	EAIR
Shady Grove Adv	<u>entist Hosp</u>	ital	Rockv	ille,	MD			Mon	tgome	ery
10a, STATE 10b. COU		10c. CI	TY, TOWN OR L	OCATION						10d. INSIDE CITY
	tgomery		ithers							LIMITS?
10e. STREET AND NUMBER				10f. ZIP COD						1 YES 2 X NO
				101. ZIP COD	t.			10g. CI1	IZEN OF V	WHAT COUNTRY?
8615 Sedley Co					208				USA	
11. MARITAL STATUS	12. WAS DECEDENT E FDRCES? 1	VER IN U.S. ARMED		DECENDENT I				or No-	14. RACI Bleci	E American Indian, k, White, atc.
1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR	OR DATES		YES 2 🔀 NO					Spec	
3 Williams 4 Divises										***************************************
15. DECEDENT'S E (Specify only highest gri		16a. DECEDENT'S	work done durin		ng	16b.	KIND OF BUS	SINESS/IN	DUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT	use retired.)							
none	none	nc	ne				none			
17. FATHER'S NAME (First, Middle, Last)				16. MOT	HER'S NAM	ME (First, M	liddle, Maiden	Sumame)		
Stewart H.	Batema	n		D.	1	0	d Mue			Rateman
19a. INFDRMANT'S NAME (Type/Print)	DALLENIA		O ADDRESS (St							Red deliner
Stewart H. Ba	ateman									ID 20879
20a. METHOD OF DISPOSITION		20b. PLACE OF DISPO		-					- City or H	
1 Buriel 2 Cremation 3 R	emoval from State	Gate of	Heave	n Com	atar	7.7				ing, MD
4 Donation 8 Other (Specify)	LIGENOSS	oace of	neave	ii cem	ecel	Y -				
21. SIGNAL ONE OF TONERAL SERVICE	LICENSEE		1 O	East	DOO:	D ALDE	eVol	Fun	era.	1 Home
DIX Han	on_		Gai	thers	burg	L Pa	IK DI	TAG	200	77
Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b	R AS A CONSEQUENCE	OF):							
	_ 0.									
PART ii. Other aignificent condit	ions contributing to de	eth but not resulting	in the under	rlying cause	given in	Part I.	24s. WAS AN		24	b. WERE AUTOPSY FINDING: AVAILABLE PRIOR TO
						_	1   YES 2	-		COMPLETION OF CAUSE OF DEATH?
						H		dh		1 TYES 2 KNO
				04 BI 405 DE I	DEATH (Ch	nck only on	e)			
25. WAS CASE REFERRED TO MEDICAL							-/			
EXAMINER?	HOSPITAL:	no	OTHER:	- / ·	35					
EXAMINER?	HOSPITAL:	R/Outpatient 3 DOA	OTHER: 4 Nursing	Home 5 🗆 R	lesidence					
EXAMINER?  1 YES 2 NO  27. MANNER DF DEATH	HOSPITAL:	JURY 28b. Ti	OTHER: 4   Nursing	Home 5 A			(Specify)	INJURY O	CCURED	
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	1 - STATE OF MARY		TMENT OF		MENTAL HYGI REG.						
	1. DECEDENT'S NAME (First, Middle, Lest)				2. DATE OF DEATH		3. TIME OF DEATH				
	Justin Matthew C	January		AR 0320 M							
	4. SOCIAL SECURITY NUMBER 8. SEX 6. AG	E (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		BIRTHPLACE (State or Foreign				
- 1	219-23-1451 1X M 2 🗆 F	YRS.	9 12	HOURS MIN.	March		Marvland				
- 1	9a. FACILITY NAME (If not institution, give street and number)			OR LOCATION OF DI							
8	Frederick Memorial Hos	pital	Fre	derick		derick					
6	RESIDENCE OF DECEDENT			0.02.2.07.		1110	ACLICA				
H	10e. STATE 10b. COUNTY	10c. CIT	Y, TOWN OR LOCA				10d. INSIDE CITY LIMITS?				
0	Maryland Frederick		Mt. Ai	ry			1 TYES 2 NO				
FUNERAL DIRECTOR	10. STREET AND NUMBER 6404 Lakeridge Drive	1	7. ZIP CODE 21771			of what country? ed States					
3	11. MARITAL STATUS 12. WAS DECEDENT EVER	R IN U.S. ARMED	13. WAS DE	CENDENT OF HISPAI	NIC ORIGIN? (Specify	Yes or No- 14.	RACE — American Indian,				
BY	1 Never Married 2 Married FORCES? 1 YES, GIVE WAR OR	If yes, e 1 ☐ YE	Pecify Cuben, Mexico B 2 NO Specif	in, Puerto Ricen, etc. y:		Block, White, etc. Specify: White					
COMPLETED	15. DECEDENT'S EDUCATION	16a. DECEDENT'S		CUPATION 18b, KIND OF BUSINESS/INDUSTRY							
Ш	(Specify only highest grade completed)  Elamentary/Secondary (0-12)  College (1-4 or 5+)	life. Do NOT us	work done during n se retired.)	ost of working							
릴	0	None	2		No	ne					
8	17. FATHER'S NAME (First, Middle, Lest)			16, MOTHER'S NA	ME (First, Middle, Mai	den Surname)					
C	Michael J. Clouse			Debra	J. (Ga	1t) C10	ouse				
BE	19a. INFORMANT'S NAME (Type/Print)	19b. MAILING	ADDRESS (Street		Route Number, City or		de)				
2	Michael J. Clouse	6404	Lakeri	dge Dri	ve Mt.	Airv.	Md. 21771				
	20a. METHOD OF DISPOSITION	20b. PLACE OF DISPOS				LOCATION - City					
	1 □ Buriel 2 □ Cremation 3 □ Removal from State 4 □ Departion 5 □ Other (Specify)	Resthave	n Memo	rial Ce	m. F	Frederick, Maryland					
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	22. NAME /	ND ADDRESS OF FA	CILITY DOVO	1 Funoi	Funeral Home					
	21. SIGNATULE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY DeVol Funeral Home 10 East Deer Park Drive										
	23. PART I. Enter the diseases, or complications that cause		Gait	hersbur	g, Mary	land 2	20877				
CERTIFICATION	IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  Due to (OR AS A CONSEQUENCE OF):  Due to (OR AS A CONSEQUENCE OF):  Due to (OR AS A CONSEQUENCE OF):										
V: MEDICAL	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY PERFORMED?  1 YES 2 XNO										
Z	25. WAS CASE REFERRED TO MEDICAL										
Sic	EXAMINER?  1 YES 2 YNO  1 inpution 2 XER/O	Autpatient 3 DOA	OTHER:	me 5 🗆 Residence	8 Other (Specify)						
PHYSICIAN:	27. MANNER OF DEATH 28s. DATE OF INJUR	OF DEATH 28s. DATE OF INJURY 28b. TIME OF 28c. INJURY AT									
	1 Netural 8 Pending (Month, Day, Yea		ORK? YES 2 NO		3d. DESCRIBE HOW INJURY OCCURED						
BY	2 Accident Investigation 3 Suicide & Could not be 28e. PLACE OF INJU	street, factory, off	ca		OCATION (Street and Number or Rural Route Number						
밀	3 Succes 6 Could not be building, etc. (S	City or Town, State)									
COMPLETED	29s. CERTIFIER (Check only one)  2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.										
BE	296, SIGNATURE AND TITLE OF CERTIFIER	29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year,									
	2 D. Komane Mi		016-	449	1/5/90						
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF L.D. Romane, M.D. 400	DEATH (ITEM 27) (Type D. W. Sev		treet	Frederi	ck. Md	21701				
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SI	GNATURE		-1000	-100011	CILI PIU	Z1 / U1				
	JAN 16 '90   Grohia	Devidson R	and DO.								

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AND 21203-3146

BALTIMORE

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT. If Hem 28 is marked, or Hem 23 shows any Injury, or other traumatic event, the medical examiner must he DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	FOR	STATE OF MARYLAN	D / DEPAR	TMENT	OF HEALTH AND	MENTAL F	IYGIENE	90	01841			
	1 - STATE REGISTRAR  1. DECEDENT'S NAME (First, Middle, Last)	Chiki		ICATE	OF DEATH		REG. NO.	VEAR 90	3. TIME OF DEATH			
		S. SEX 8. AGE (In yr	s. last birthday)  PRS.	IF UNDER 1	YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF	BIRTH ny, Year) (0-10		PLACE (Stote or Foreign Turkey			
TOR	88. FACILITY NAME (If not institution, give street and number)  88. FACILITY NAME (If not institution, give street and number)  96. COUNTY OF DEATH  FINCE GEORGE  RESIDENCE OF DECEDENT											
DIRECTOR	100. STATE 100. COUNTY PRINCE GEORGE HYATTSVILLE											
FUNERAL	104. STREET AND NUMBER 101. ZIP CODE 109. CITIZEN OF WHAT COUNTRY? United States											
BY	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	2. WAS DECEDENT EVER IN U.S FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	NO	H :	S DECENDENT OF HISPA res, specify Cuban, Mexic YES 2 NO Spec	can, Puerto Rica	pecify Yes or No- n, etc.)	Bleck	4. RACE — American Indian, Black, White, etc. Specify:			
PLETED	(Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5+)  College (1-4 or 5+)  College (1-4 or 5+)  College (1-4 or 5+)							19b. KIND OF BUSINESS/INDUSTRY  Magazine				
E COMPL	12 years   Fublishing nouse   Fagazine											
TOB	19a. INFORMANT'S NAME (Type/Print) Stella E. Chikiar  19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 11428 Appledowre Way, Germantown, Maryland 20874											
	206. PLACE OF DISPOSITION   206. LOCATION - City or Town, State   206. LOCATION - City or Town, State   206. LOCATION - City or Town, State   206. LOCATION - City or Town, State   206. LOCATION - City or Town, State   206. LOCATION - City or Town, State   206. LOCATION - City or Town, State   206. LOCATION - City or Town, State   206. LOCATION - City or Town, State   206. LOCATION - City or Town, State   206. LOCATION - City or Town, State   206. LOCATION - City or Town, State   206. LOCATION - City or Town, State   206. LOCATION - City or Town, State   206. LOCATION - City or Town, State   206. LOCATION - City or Town, State   206. LOCATION - City or Town, State   206. LOCATION - City or Town, State   206. LOCATION - City or Town, State   206. LOCATION - City or Town, State   206. LOCATION - City or Town, State   206. LOCATION - City or Town, State   206. LOCATION - City or Town, State   206. LOCATION - City or Town, State   206. LOCATION - City or Town, State   206. LOCATION - City or Town, State   206. LOCATION - City or Town, State   206. LOCATION - City or Town, State   206. LOCATION - City or Town, State   206. LOCATION - City or Town, State   206. LOCATION - City or Town, State   206. LOCATION - City or Town, State   206. LOCATION - City or Town, State   206. LOCATION - City or Town, State   206. LOCATION - City or Town, State   206. LOCATION - City or Town, State   206. LOCATION - City or Town, State   206. LOCATION - City or Town, State   206. LOCATION - City or Town, State   206. LOCATION - City or Town, State   206. LOCATION - City or Town, State   206. LOCATION - City or Town, State   206. LOCATION - City or Town, State   206. LOCATION - City or Town, State   206. LOCATION - City or Town, State   206. LOCATION - City or Town, State   206. LOCATION - City or Town, State   206. LOCATION - City or Town, State   206. LOCATION - City or Town, State   206. LOCATION - City or Town, State   206. LOCATION - City or Town, State   206. LOCATION - City or Town, State   206. LOCATION - City or Town, State   20											
	DONALD M. STEIN HEBREW MEMORIAL FUNERAL HO 232 CARROLL STREET, N.W., WASHINGTON, D.C  23. PART I. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such se cardiac or respiratory arrest, interval Betwook, or heart failure. Liet only one cause on each line.  IMMEDIATE CAUSE (Final diseases or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):											
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLY/ING CAUSE (Disease or Injury that initiated evente resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):											
MEDICAL	PART II. Other eignificent conditions Seni/e	24a. WAS AN AUTOPSY PERFORMED? 1 U YES 2 NO		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIDR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO								
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1 VES 2 NO  1 Inpatient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specily)											
ву РНУ	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Morith, Day Year)	28b. TH			I. DESCRIBE HOW INJURY OCCURED						
ETED 8	3 Suicide 8 Could not be 4 Homicide determined	building, etc. (Specify)							loute Number,			
COMPLI	29a. CERTIFIER (Check only one)  1 CERTIFVINO PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) and manner as stated.  2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(e) end menner as stated.											
BE C	296. SIGNATURE AND TITLE OF CERTIFIER	1/1 Dep	Try the	rdies	29c. LICENSE N	-		DATE SIGNED	(Month, Day, Ybar)			

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30-NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

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31. DATE FILED (Morth, Day, Year)
JAN 08 '90

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DIVISION OF VITAL RECORDS, P.O. BOX 13146,

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and completely filled in by the funeral director, page 5 should be detached for use as the		once.
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5 should		marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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BALTIMORE, MARYLAND 21203-314

the hospital or attending

90 01842 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Leat) 2. DATE OF DEATN 1990 YEAR DAY Jan. Adaline V. Crebs 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH (Mogth, Day, Year)
July 1, 1911 6. AGE (in yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTNPLACE (State or Foreign MONTHS DAYS HOURS MIN 214-09-4365 1 M 2 F 78 Maryland 9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Hagerstown Washington County Hospital Washington RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d, INSIDE CITY Maryland Washington Hagerstown 1 X YES 2 NO 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 10f. ZIP CODE 313 S. Mont Valla Avenue 21740 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☐ NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yee or No—If yee, specify Cuben, Mexican, Puerto Rican, stc.) 14. RACE — American Indian, Black, White, atc. 1 Never Merried 2 Merried Specify: White 1 YES 2X NO Specify: 3 Widowed 4 Divorced COMPLETED 16a, DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 11 years Knitter Mills 17. FATHER'S NAME (First, Middle, Last) 16. MOTNER'S NAME (First, Middle, Malden Surname) Lester L. Myers Bessie Mosser BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Flural Route Number, City or Town, State, Zip Code) 21740 9 Harry R. Crebs 313 S. Mont Valla Avenue Hagerstown, Maryland 20a. METHOD OF DISPOSITION
1 № Burlai 2 □ Cramation 3 □ Removal from State 20b. PLACE OF DISPOSITION (Name of cametery, cremetory or 20c. LOCATION — City or Town, State Rose Hill Cemetery 4 Donation 6 Other (Specify) Hagerstown, Maryland 22. NAME AND ADDRESS OF FACILITY Gerald N. Minnich IGNATURE OF FUNERAL SERVICE 305 N. Potomac Street Funeral Home Hagerstown, Maryland 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, Approximate ahock, or heart fallure. List only one cause on each line. Interval Between Onset and Death IMMEDIATE CAUSE (Final disease or condition DUE TO (OR AS A CONSEQUENCE OF); reaulting in death) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF) thet initiated events resulting in death) LAST Scheroderna PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MEDICAL WAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO 1 | YES 2 | 10 PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 TYES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY 28c. INJURY AT WORK? WA. 284. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — 26t, LOCATION (Street end Number or Rural Route Number, City or Town, State) At home, term, street, factory, office 3 Suicide a Could not be COMPLETED 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the ceuse(e) end manner es stated. 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) and manner ee stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29¢ LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Yber) BE - n.O.

324 E.

32. AGGISTRAR'S SIGNATURE

Julia Davidson Pandale

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3. TIME OF DEATN

e. BIRTNPLACE (State or Foreign

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DNMN-16 Rev 1/89

YEAR 90

1. DECEDENT'S NAME (First, Middle, Last)

4. SOCIAL SECURITY NUMBER

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AGNES

5. SEX

B.

CARR

6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS.

2. DATE OF DEATH MONTH

7. DATE OF BIRTH

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	577 50 5490 A	1 M 2 XF	91	YRS.	WONTHS	- CALLO	HOUNG		eb.	12	1898	Ire	land
	9e. FACILITY NAME (If not institution, give stre		9b. CIT	9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEAT									
8	Washington Adventist Hospital Takoma Park Montgomery										ery		
5	RESIDENCE OF DECEDENT												
2	10e. STATE 10b. COUNTY								7				I. INSIDE CITY LIMITS?
0	Washington, D. C. 1 □XYES 2 □ NO												
M	10e. STREET AND NUMBER			*		101	. ZIP CODI	5					COUNTRY?
剪	2000 Connecticut Avenue, N.W. 20008 U.S.A.												
BY FUNERAL DIRECTOR	t1, MARITAL STATUS    Never Merried   2					13. WAS DECENDENT OF HISPANIC ORIGIN? (Specifices, attention of the property of the property).  1 YES 2 NO Specify:  1 Specify:					Yee or No — 14. RACE — American Indian, Black, White, atc.  Special 11.		
B	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  18e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working												
COMPLET	(Specify only highest grade completed)  [Give kind of work done during most of working life. Do NOT use relired.)  [Fed. Govt. Ad. Asst. Government (Retire									etired)			
8	17. FATHER'S NAME (First, Middle, Lest)  18. MOTHER'S NAME (First, Middle, Melden Surname)												
BE	Bartholomew	Carr					Ka			adder			
70	19e. INFORMANT'S NAME (Type/Print)										n, State, Zip C		
F	Margaret M. Hu	rd	11	16	Lan	ncas	ter	Rd.	Tal	koma	Park	, MD	. 20912
	Margaret M. Hurd    1116 Lancaster Rd. Takoma Park, MD.									Sinte			
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY ALL HOME, INC. 254 Carroll St. N.W. Washington DO										ngton DC		
	shock, or heert fellure. List only one cause on each line.  Interval Between Onset and Death												
7	disease or condition a. EARDIO RESPIRATORY ARREST  OUE TO (OR AS A CONSEQUENCE OF):  Sequentially list conditions, oue TO (OR AS A CONSEQUENCE OF):  OUE TO (OR AS A CONSEQUENCE OF):												
CERTIFICATION	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING												
임	CAUSE (Disease or Injury thet initiated events DUE TO (OR AS A CONSEQUENCE OF):												
F	resulting in death) LAST d. Atortic Stenosis												
8													
YSICIAN: MEDICAL	PART ii. Other aignificant conditions	contributing to	death but not rea	ulting	In the u	inderfyln	g cause	given in	Part i.	24a. WAS AN			RE AUTOPSY FINDINGS
8	A TO MED ANT DE LA											MPLETION OF CAUSE DEATH?	
ME											YES 2 NO		
ä													
K	25. WAS CASE REFERRED TO MEDICAL  26. PLACE OF OEATN (Check only one)												
Sic	EXAMINER?												
H	27. MANNER OF DEATN  1 Natural 5 Pending Investigation	26e. DATE OF INJURY (Month, Day, Year)  26b. TIME OF INJURY AT WORK?  M 1 YES 2 NO											
ED BY	3 Suicide 28e. PLACE OF INJURY — At home, ferm, street, factory, office 28f. LO								81. LOCATION (Street end Number or Rural Route Number, City or Town, State)				
	29e. CERTIFIER												
COMPLETED	(Check only one)  CERTIFYINO PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the ceuse(e) end menner ee stated.  MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date and place, end due to the ceuse(e) end manner ee stated.												
BE	29b. SIGNATURE AND TITLE OF CERTIFIER  29c. LICENSE NUMBER  29c. LICENSE NUMBER  29d. DATE SIGNED (Month, Day, Your)  1/16/90												
5	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print) TONY P. KANNARIAT. MD. 8301 16 51, SILVER SPRING, MD 20910												
	JAN 17'90 Junia Savidon Randelle												

age 5 should be detached for

notified at

resulting in death)

Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events

resulting in death) LAST

25. WAS CASE REFERRED TO MEDICAL

5 Pending Investigation

Could not be determined

1 - YES 2 - 10

27. MANNER OF DEATH

1 Netural 2 Accident

3 Suicide

4 Homicide

FUNERAL DIRECTOR

BY

COMPLETED

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DIVISION OF VITAL RECORDS, P.O. BOX 13146,

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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nouns after death. Page 6 may be	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page	file	MPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be
9	2	8	E

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BY PHYSICIAN: MEDICAL CERTIFICATION

COMPLETED

BE

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FOR STATE REGISTRAR		STATE OF I		D / DEPAR CERTIF					MENTAL HYGIEN REG. NO	_			
1. OECEDENT'S NAME (First	st, Middle, Last)								2. DATE OF OEATH	AY	YEAR	3. TIME OF OE	ATH
Kung		Fai			Chi	u			January 1		990	10:10	A
4. SOCIAL SECURITY NUM	IBER	5. SEX	6. AGE (In yrs	s. last birthday)	_	R 1 YEAR	IF UNDER		7. DATE OF BIRTH (Month, Day, Year)		8. BIRT	HPLACE (State or I	Foreign
579-96-763	39-A	1 XM 2   F	70	YRS.	MONTHS	DAYS	HOURS	MIN.	May 27, 19	919	Chi		
9a. FACILITY NAME (If not	institution, give :	street and number)			9b. CIT	Y, TOWN	R LOCATI	ON OF D		7	UNTY OF	the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	
Washington		tist Hosp	ital		Tal	koma	Park			Mon	tgome	ery	
10a. STATE	10b. COUNT	Υ		10c. CIT	Y, TOWN	OR LOCAT	ION					10d. INSIDE CIT	Y
Maryland	Mont	rgomery		Roc	ckvil	lle						LIMITS?	NO
10e. STREET AND NUMBER	R					101	. ZIP COD	E		10g. CI	TIZEN OF	WHAT COUNTRY?	
301 Nimitz	Avenue	9					208	351		Chi	na		
11. MARITAL STATUS 1 Never Married 2 7 3 Widowed 4 Div	X Married vorced		NT EVER IN U.S I YES 2 MAR OR DATES	X NO	13.	If yes, sp	ENDENT Cobs	n, Mexico	NIC ORIGIN? (Specify Yea an, Puarto Rican, stc.) fy:	n or No-	Blac	E — American Ind ck, While, alc. city: Asian	llen,
	CEDENT'S EDU		164	DECEOENT'S	USUAL C	OCCUPATION DO	ON st of workir	na	16b. KIND OF BU	SINESS/IN	OUSTRY		
Elementary/Secondary O	(0-12)	College (1-4 or 5		ailor	see retired.)	)			Clothi	ng			
17. FATHER'S NAME (First,	Middle, Last)						18. MOT	HER'S NA	AME (First, Middle, Malden	Sumame)	-		
Kai	Tsuer	n C	Chu				5	Siu	May		Ko	0	
19a. INFORMANT'S NAME	(Type/Print)			19b. MAILING	3 ADDRES	SS (Street a	nd Number	or Rural	Route Number, City or Tow	n, State, Z	(ip Code)		
Ling De	е	Chen		301 N	imit	z Av	enue	, Roc	kville, Ma	ryla	nd	20851	
20a. METHOO OF DISPOSI 1 X Burlal 2 Cremet 4 Donation 6 Othe	lon 3 🗆 Ren	noval from State	oth	ACE OF DISPO or piece) clawn i								own, State Marylan	đ
21. SIGNATURE OF PUNER	Ay SEMPLE U	Lecon	M008	346					e, Inc. 30				eral
23. PART I. Enter the ahock, or IMMEDIATE CAUSE (Figures)	heart fallure.	complications the	at caused the	lina.	not anta	r the mo	de of dy	ing, aud		iratory a	rreat,	Approxir interval	Betwee

PART II. Other algorificent conditions contributing to death but not resulting in the underlying cause given in Part I.

DUE TO (OR AS A CONSEQUENCE OF):

broughitis

24b. WERE AUTOPSY FINDINGS 24a. WAS AN AUTOPSY PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TYES 2 NO 1 YES 2 NO

HOSPITAL: OTHER: 1 | Inpetient 2 | ER/Outpetient 3 | DOA 4 🗆 Nurs g Home 6 - Residence 6 - Other (Specify) 26a. DATE OF INJURY (Month, Day, Year) 26b. TIME OF 28c. INJURY AT WORK? 28d, OESCRIBE HOW INJURY OCCURED 1 YES 2 NO 28e. PLACE OF INJURY — Al home, farm, street, factory, offica building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State)

26. PLACE OF DEATH (Check only one)

29s. CERTIFIER 1 XCERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and dua to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.

29d. DATE SIGNED (No

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Carrol 7610 32. REGISTRAR'S SIGNATURE

gulia Davidson

21900

13-30-00 21 17 17

2/2 # 225086 DHMH-16 Rev 1/89

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ND 21203-3146	ospital or attending physician. The for use as the burlal-transit permit. Pales	
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Page 6 may

1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF OEATH 3. TIME OF OEATH MAR 90 SSIMUS 10.40 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign Country) MONTHS DAYS HOURS MIN. 1 - M 2 X F 242-07-8046 88 April 9, 1901 North Carolina 9a. FACILITY NAME (If not institution, give 9b. CITY. TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH RESIDENCE OF DECEDE G DIRECTOR HUSPITAL 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Prince Georges Ft. Washington 1 YES 2 1 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 3605 Shady Rest Road 20744 United States 12. WAS OECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☑ NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, atc. If yes, specify Cuban, Maxican, Puarto Rican, stc.)

1 YES 2 NO Specify: 1 Never Merried 2 Married Specify: BY 3 Nidowed 4 Divorced White ED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only higher (Give kind of work done life. Do NOT use retired.) ast of working E Elementary/Secondary (0-12) College (1-4 or 5+) COMPL Restaurateur Restaurant 8 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Melden Surname) Te Lewis Powell Hattie Rich BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Bennie H. Brown 3605 Shady Rest Road Ft. Washington, MD 20744 be 20s. METHOD OF DISPOSITION
1 XBurial 2 Cremation 3 Removal from State 20b. PLACE OF DISPOSITION (Name of cometery, crematory or 20c. LOCATION - City or Town, State must Parklawn Memorial Park 4 Donation 5 Other (Specify) Rockville, Maryland examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Robert A. Pumphrey Funeral Home/ Bethesda-Chevy chase, Inc. 7557 Wisconsin Ave. Bethesda, MD Kabual Fluid 17557 Wisconsin Ave. Bethesda, 123. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, M00198 20814 medical Approximeta Interval Between **Onset and Death** IMMEDIATE CAUSE (Finel the disease or condition\_ reaulting in death) event, DUE TO (OR AS A CONSEQUENCE OF): traumatic CERTIFICATION Sequentially list conditions. SEQUENCE OF) if any, leading to immediate cause. Enter UNDERLYING ting 7 0 05 CAUSE (Disease or Injury other TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST 6 ohs PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 248. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL PERFORMED? AVAILABLE PRIOR TO any COMPLETION OF CAUSE 1 TES 2 NO shows 1 YE8 2 NO PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL Od. PLACE OF DEATH (Check only one) HOSPITAL: ltem! OTHER 1 YES 2 NO Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify) 0 27. MANNER OF DEATH 28s. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked, 1 Natural Accider 5 Pending investigation 1 YES 2 NO BY Accident 28e. PLACE OF INJURY — At home, farm, street, fectory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 60 3 Suicide ED 8 Could not be 4 Homicide 28 delarmined E Item COMPL 1 X CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated. IMPORTANT: II MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE PERSON WHO COMPLETED CAUSE OF DEATH || 27) (Type, Print) 2 JAN 16 32. REGISTRAR'S SIGNATURE who Davidson

BALTIMORE, MARYLAND 21203-3146 after death. and completely filled in by the oburial, cremation, or removal. Hygiene prior to burial, cremation, 13146, executed attending physician certificate be o Mental RECORDS, the by the signed Health a t, of H The law has b OF VITAL State certificate the this with After 1 DIVISION OR ATTENDING OIRECTOR: J HOSPITAL FUNERAL within 72 I 里里 223

BOX

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DHMH-18 Rev 1/89

BALTIMORE, MARYLAND 21203-3146	is 24 hours after death. Page 6 may be retained by the hospital or attending physician.  y filled in by the funeral director, page 5 should be detached for use as the burial-transit after or exercises.	the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit page 14 hours after death with the State Death of Health and Mental Myningen prior in burial creations or encounter.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT (	OF HEALTH A	AND MENTAL	HYGIENE
CERTIFICATE	OF DEAT	Н	REG. NO.

	FOR STATE REGISTRAR	STATE OF MARY		ARTMENT OF		MENTAL HYGI				
1	t. DECEDENT'S NAME (First, Middle, Lest)  EVE FOGEL	CANTER				2. DATE OF DEATH	N DAY	YEAR 1990 L	TIME OF DE	Р.м
	4. SOCIAL SECURITY NUMBER  212-74-1206  9e. FACILITY NAME (If not institution, give	1 🗆 M 2 😾 F	(In yrs. lest birthde	MONTHS DAY		May 18,	1905	8. BIRTNPL Country) Polan	nd	
TOR	1917 Winnexburg	Court, #102			er Sprin			ontgom		
FUNERAL DIRECTOR		gomery		city, town on Lo	ing				LIMITS?	
VERA	1917 Winexburg				20906				AT COUNTRY?	
COMPLETED BY FU	tt. MARITAL STATUS t Never Married 2 Married 3 Widowed 4 Divorced	t2. WAS DECEDENT EVER FORCES? 1 YES	2 X NO	If yes,	ECENDENT OF NISP specific Cuben, Maxi ES 2 NO Spe	PANIC ORIGIN? (Specify ican, Puerto Rican, etc. celly:	Yea or No—	Black, V	American inc White, etc.	llan,
	t5. DECEDENT'S EDI (Specify only highest grad Elementery/Secondary (0-t2)		(Give kind life. Do NO	T use retired.)						
COME	8 17. FATNER'S NAME (First, Middle, Last)		Homema	iker	te. MOTNER'S I	HOM				
8	Morris Foge.  19a. INFORMANT'S NAME (Type/Print)	L	19b. MAIL	ING ADDRESS (Stre		Fromowit		p Code)		
OT	Paul Canted (Hus)  20a. METHOD OF DISPOSITION  1XX Suries 2 Crementon 3 Rev  4 Donation 5 ther (Spothy)  21. SIGNATURE OF FUNERAL SERVICE L	noval from State	other place)	rel Cong	Cemetery cremetory of Cemeter AND ADDRESS OF ANSKY-GOI	y W	ashing	ton, I	D.C. LS, IN	IC.
	23. PART I. Enter the diseases, or ahock, or hear failure IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Acute myo	each line.	disease	mode of dying, a	uch as cerdiec or re	espiretory ar	reat,	Approxir interval Onset ar	nate Between
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST									
PHYSICIAN: MEDICAL C	PART II. Other algorificant condition None						S AN AUTOPSY RFORMED?	A C	TERE AUTOPSY WAILABLE PRIO OMPLETION OF F DEATH?	R TO CAUSE
ICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	PLACE OF DEATH (					
BY PHYS	27. MANNER OF DEATN  1 X Natural 5 Pending 2 Accident Investigation	t V YES 2 NO t Inpetient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify)  MANNER OF DEATN  28a. DATE OF INJURY (Month, Day, Year)  28b. TIME OF INJURY AT WORK?  M t YES 2 NO								
	3 Suicide a Could not be determined 26e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 26f. LOCATION (Street and Number or Rural Route Number, City or Town, State)									
COMPLETED		RICIAN: To the best of my kno							nd manner as	stated.
BE	29b. SIGNATURE AND TITLE OF CERTIFIE	Deputy Me	dical E	xaminer	29c. LICENSE N		29d. DAT	TE SIGNED (M	fonth, Day, Yea.	7)
TO	John S. Rogers, 31. DATE FILED (Month, Day, 1987)  JAN 17'9	M.D., 1919	/	-			tgomer			0

DIVISION OF VITAL RECORDS, P.O. BOX 13146_ TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within zerrouns after death. Page 6 may be retained by the host TO THE FINERAL DIRECTOR: After this certificate has been signed by the attending physician and compretely filled in by the funeral director, page 5 should be detached be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.  IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	BOX 13146, MARYLAND	ficate be executed within 24 hours after death. Page 6 may be retained by the host	physician and compretely filled in by the funeral director, page 5 should be detachene prior to burial, cremation, or remoral.	IMPORTANT: If Isem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION OF VITAL REI TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requ TO THE FUNERAL DIRECTOR: After this certificate has been as filed within 72 hours after death with the State Dept. of I MPORTANT: If item 28 is marked, or item 23 shor	CORDS, P.O.	ires that the death certifi	signed by the attending p	ws any injury, or other
DIVISION D THE HOSPITAL OR ATTENDINI TO THE FUNERAL DIRECTOR: Ani Po filed within 72 hours after dea	OF VITAL RE	G PHYSICIAN: The law requ	or this certificate has been the with the State Dept. of I	narked, or item 23 short
	DIVISION	TO THE HOSPITAL OR ATTENDIN	TO THE FUNERAL DIRECTOR: Afti be filed within 72 hours after dea	IMPORTANT: If Item 28 is m

	1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTA CERTIFIC				IENE . NO.		
	1. DECEDENT'S NAME (First, Middle, Lest)  Mary E	Mary/Edyt	he Clark			2. DATE OF DEA MONTH	DAY	(EAR	S:50 Pm
	4. SOCIAL SECURITY NUMBER 214-12-1781	1 D M 2 F 93	YRS. MO	FUNDER 1 YEAR HITHE DAYS	# UNDER 24 HRS. HOURS MIN.		N 8.	Country)	E (State or Foreign
TOR	Bon Secours  RESIDENCE OF DECEDENT	Extended C	are 8	// ICe	T City	, md.	11	Wan	-d
DIREC	10a. STATE 10b. COUNT Maryland Howal			own or locat Licott	City				INSIDE CITY LIMITS? X YES 2 NO
FUNERAL DIRECTOR	100. STREET AND NUMBER 8510 Linwood Driv	<i>r</i> e			ZIP CODE 21043		10g. CITIZE	S A.	COUNTRY?
BY FUN	11. MARITAL STATUS  1 Never Married 2 Merried  3 Widowed 4 Ulvorced	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 TNO	If yes, spi	ENDENT OF HISPAN city Cuben, Mexica 2 NO Specify	n, Puerto Rican, et		I. RACE — A Black, Wh Specify:	imerican Indien, Ite, etc.
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5+)  Housewife				during most of working				RIV
OM	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NA	ME (First, Middle, N	faiden Surnama)		
BE C	Jeremiah	Cunaban	9 h		Joseph	ine			
TO B	190. INFORMANT'S NAME (Type/Print) Mrs Joan H. Zel	tman	19b. MAILING AT 8510 L.	inwood	Dr. Elli	Cott Ci	ty 21043	ode)	
	20a. METHOD OF DISPOSITION  1								
	21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE	New Cat.	21744	O APONESS OFF	Funer	al Home		
	Harry &	1. Witzke		4112 0	1d Colum	abia Pik	e Ellico	tt Ci	.ty
CERTIFICATION	23. PART I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or (seaf failure. List only one cause on each line.  Approximate interval Between Onset and Death of the cause of condition resulting in death)  CARDIO PALMEN ARY ARREST  DUE TO (OR AS A CONSEQUENCE OF):  ATHEROSCIE ROTIC CARDIO WASCULAR DISEASE.  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):								
MEDICAL		her algoriticant conditions contributing to death but not resulting in the underlying cause given in Part I LZHEIMERLS DISEASE				P	MAS AN AUTOPSY ERFORMED? YES 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO	
IAN	25. WAS CASE REFERRED TO MEDICAL			26. PI	ACE OF DEATH (C)	eck only one)			
Sic	EXAMINER?  1 YES 2 NO	HOSPITAL: 1   Inpatient 2   ER/Outpo		OTHER:	e 5 🗆 Residence	6 Other (Speci	Ty)		
Y PHYSICIAN:	27. MANNER OF DEATH  1 Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME (		RIC?	28d. DESCRIBE	HOW INJURY OCCU	RED	
TED BY		building, etc. (Specify)							Number,
COMPLET	one)	SICIAN: To the best of my knowl NER: On the basis of examination							d manner as stated,
BE	206. SIGNATURE AND TITLE OF CERTIF	lend			D · 3 o	MBER 469	29d. DATE	BIGNED (Mo.	nth, Day, Year) 0 - 1990
10	30. NAME AND ADDRESS OF PERSON V				# 101	ELLico	TT CIT	4: 1	10.21043
	31. DATE FILED (MOJAN TO 1 9	32. REGISTRATE SIGN	evidson Rang	della					

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-	marked, or flom 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
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4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In vrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7, DATE OF BIRT	8 9 N 9 3-1995 9c. cou	8. BIRTHPLACE (State or Foreign
4. SOCIAL SECURITY NUMBER 220-44-7863 1  M 2  XF  95  YRS.  8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRT (Month, Day, YOU OI - 1)  96. FACILITY NAME (If not institution, give street end number)  96. CITY, TOWN OR LOCATION OF DEATH  NORTH ARINDET. HOSPITAL  RESIDENCE OF DECEDENT  106. STATE  106. COUNTY  106. CITY, TOWN OR LOCATION  Maryland Anne Arundel  Severna Park	9c. cou	BIRTHPLACE (Stells or Foreign Country) Maryland INTY OF DEATN COLINTY
96. FACILITY NAME (If not institution, give street and number)  96. CITY, TOWN OR LOCATION OF DEATH  NORTH ARUNDEL HOSPITAL  RESIDENCE OF DECEDENT  106. STATE  106. CUTY, TOWN OR LOCATION  Maryland Anne Arundel  Severna Park	9c. COU	INTY OF DEATH  COUNTY
NORTH ARINDEL HOSPITAL GLEN BURNIE  RESIDENCE OF DECEDENT  100. SYATE 100. COUNTY 100. CITY, TOWN OR LOCATION  Maryland Anne Arundel Severna Park	A.A	COUNTY
	la.a	
		10d, INSIDE CITY
10a. STREET AND NUMBER 342 Prestonfield Lane 21146		LIMITS?
342 Prestonfield Lane 21146	10g. CIT	IZEN OF WHAT COUNTRY?
		U.S.A.
11. MARITAL STATUS  1 Never Merried 2 Merried  12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO If yes, specify Cuben, Mexican, Puerto Rican, e If YES, GIVE WAR OR DATES  13. WAS DECEDENT OF NISPANIC ORIGIN? (Spec	ity Yes or No—	14. RACE — American Indian, Black, White, etc. Specify: Caucasian
15. DECEDENT'S EDUCATION (Specify only highest grade completed) (Specify only highest grade completed) (She kind of work done during most of working life. Do NOT use retired.)  Light on the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the	F BUSINESS/IN	DUSTRY
Elementery/Secondery (0-12) College (1-4 or 5+) Homemaker	Home	
12+ NOMEMARE  17. FATHER'S NAME (First, Middle, Leet)  18. MOTHER'S NAME (First, Middle, A		
190. INFORMANT'S NAME (Type/Print) Capt. Frank J. Coulter 190. MAILING ADDRESS (Street end Number or Rural Route Number, City 342 Prestonfield Lai		
I I ∆Suriel 2 □ Cremation 3 □ Removal from State other place)		Olty or Town, State
21. SIGNATURE AND ADDRESS OF FACILITY 495 Ritchie Highwa	ay	
Severna Park, Mary 23. PARY I. The the diseases, Dr complications that caused the death. Do not enter the mode of dying, such as cardiac or		21146
immediate Cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate  Due to (OR AS A CONSEQUENCE OF):	<u> </u>	Interval Between Onset and Death
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  b. DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  d		
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i.	AS AN AUTOPSY ERFORMED?	24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE
	YES 2 NO	OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  26. PLACE OF DEATH (Check only one)  27. MANNER OF DEATH  28. DATE OF INJURY (Month, Day, Year)  28. DATE OF INJURY (Month, Day, Year)  29. DATE OF INJURY (Month, Day, Year)  29. DATE OF INJURY (MONTH, Day, Year)  20. DATE OF INJURY (MONTH, Day, Year)  20. DATE OF INJURY (MONTH, Day, Year)  20. DATE OF INJURY (MONTH, Day, Year)		
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27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation  28e. DATE OF INJURY (Month, Dey, Year)  28e. INJURY AT WORK? 1 YES 2 NO	HOW INJURY O	CCURED
a Causalda 28/ 1 OCATION /		er or Rural Route Number,
		ated.
29s. CERTIFIER (Check only one)  29s. CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) of the cause (e) of the cause (e) of the cause (e) of the cause (e) of the cause (e) of the cause (e) of the cause (e) of the cause (e) of the cause (e) of the cause (e) of the cause (e) of the cause (e) of the cause (e) of the cause (e) of the cause (e) of the cause (e) of the cause (e) of the cause (e) of the cause (e) of the cause (e) of the cause (e) of the cause (e) of the cause (e) of the cause (e) of the cause (e) of the cause (e) of the cause (e) of the cause (e) of the cause (e) of the cause (e) of the cause (e) of the cause (e) of the cause (e) of the cause (e) of the cause (e) of the cause (e) of the cause (e) of the cause (e) of the cause (e) of the cause (e) of the cause (e) of the cause (e) of the cause (e) of the cause (e) of the cause (e) of the cause (e) of the cause (e) of the cause (e) of the cause (e) of the cause (e) of the cause (e) of the cause (e) of the cause (e) of the cause (e) of the cause (e) of the cause (e) of the cause (e) of the cause (e) of the cause (e) of the cause (e) of the cause (e) of the cause (e) of the cause (e) of the cause (e) of the cause (e) of the cause (e) of the cause (e) of the cause (e) of the cause (e) of the cause (e) of the cause (e) of the cause (e) of the cause (e) of the cause (e) of the cause (e) of the cause (e) of the cause (e) of the cause (e) of the cause (e) of the cause (e) of the cause (e) of the cause (e) of the cause (e) of the cause (e) of the cause (e) of the cause (e) of the cause (e) of the cause (e) of the cause (e) of the cause (e) of the cause (e) of the cause (e) of the cause (e) of the cause (e) of the cause (e) of the cause (e) of the cause (e) of the cause (e) of the cause (e) of the cause (e) of the cause (e) of the cause (e) of the cause (e) of the cause (e) of the cause (e) of the cause (e) of the cause (e) of the cause (e) of the cause (e) of the cause (e) of the cause (e) of		
29c. LICENSE NUMBER	ace, and due to t	
(Check only One)  2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and pl	zee, and due to t	the couse(s) and manner se stated.

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely must in by the funeral director, page 5 should be detached within 70 hours after death with the State Derford Health, and Mandal Hailene Andro in haird, commanding the funeral director, page 5 should be detached.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE OF				MENTAL HYGIEN	Ε	90 01849	
	1. DECEDENT'S NAME (First, Middle, Last)  ALVA BRIDGETTA FRA		TIFICATE O	F DEATH	2. DATE OF DEATH MONTH 10,		3. TIME OF DEATH	
æ	4. SOCIAL SECURITY NUMBER  220-22-3389  1 M 2 F  9e. FACILITY NAME (If not Institution, give street end number)	6. AGE (In yrs. less birth	rRS. IF UNDER 1 YEAR MONTHS DAYS 9b. CITY, TOW	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) Jan. 3, 19	0.5 M	BIRTHPLACE (State or Foreign Country) aryland of DEATH	
AL DIRECTOR	Anne Arundel Medical RESIDENCE OF DECEDENT  100. STATE 100. STATE 100. STATE 100. STATE 100. STATE 100. STATE 100. STATE 100. STATE 100. STATE 100. STATE 100. STATE 100. STATE 100. STATE 100. STATE 100. STATE 100. STATE 100. STATE 100. STATE 100. STATE 100. STATE 100. STATE 100. STATE 100. STATE 100. STATE 100. STATE 100. STATE 100. STATE 100. STATE 100. STATE 100. STATE 100. STATE 100. STATE 100. STATE 100. STATE 100. STATE 100. STATE 100. STATE 100. STATE 100. STATE 100. STATE 100. STATE 100. STATE 100. STATE 100. STATE 100. STATE 100. STATE 100. STATE 100. STATE 100. STATE 100. STATE 100. STATE 100. STATE 100. STATE 100. STATE 100. STATE 100. STATE 100. STATE 100. STATE 100. STATE 100. STATE 100. STATE 100. STATE 100. STATE 100. STATE 100. STATE 100. STATE 100. STATE 100. STATE 100. STATE 100. STATE 100. STATE 100. STATE 100. STATE 100. STATE 100. STATE 100. STATE 100. STATE 100. STATE 100. STATE 100. STATE 100. STATE 100. STATE 100. STATE 100. STATE 100. STATE 100. STATE 100. STATE 100. STATE 100. STATE 100. STATE 100. STATE 100. STATE 100. STATE 100. STATE 100. STATE 100. STATE 100. STATE 100. STATE 100. STATE 100. STATE 100. STATE 100. STATE 100. STATE 100. STATE 100. STATE 100. STATE 100. STATE 100. STATE 100. STATE 100. STATE 100. STATE 100. STATE 100. STATE 100. STATE 100. STATE 100. STATE 100. STATE 100. STATE 100. STATE 100. STATE 100. STATE 100. STATE 100. STATE 100. STATE 100. STATE 100. STATE 100. STATE 100. STATE 100. STATE 100. STATE 100. STATE 100. STATE 100. STATE 100. STATE 100. STATE 100. STATE 100. STATE 100. STATE 100. STATE 100. STATE 100. STATE 100. STATE 100. STATE 100. STATE 100. STATE 100. STATE 100. STATE 100. STATE 100. STATE 100. STATE 100. STATE 100. STATE 100. STATE 100. STATE 100. STATE 100. STATE 100. STATE 100. STATE 100. STATE 100. STATE 100. STATE 100. STATE 100. STATE 100. STATE 100. STATE 100. STATE 100. STATE 100. STATE 100. STATE 100. STATE 100. STATE 100. STATE 100. STATE 100. STATE 100. STATE 100. STATE 100. STATE 100. STATE 100. STATE 100. STATE 100. STATE 100. STATE	10	Anna	napolis polis			e Arundel  10d. INSIDE CITY LIMITS? 1X YES 2 \( \triangle \) NO  OF WHAT COUNTRY?	
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COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  Coffege (1-4 or :  1. PATHER'S NAME (First, Middle, Last)	(Give ki life. Do i	ent's usual occupated of work done during NOT use retired.)  Homemak	most of working	16b, KIND OF BU	me	TRY	
TO BE CC	17. FATHER'S NAME (First, Middle, Lest) Peter Aloysius Frank, Jr.  19. INFORMANT'S NAME (Type/Print) Reginald B. Chambers, Jr.  19. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code, MD 21401 Reginald B. Chambers, Jr.  19. MAILING ADDRESS (Street end Number or Route) Reginald B. Chambers, Jr.							
	20b. PLACE OF DISPOSITION    X Burlei   2   Cremation   3   Removal from State     A Donation   8   Other (Specify)     21. SIGNATORS & FUNERAL SERVICE DISPOSITION (Name of cemetery, crematory or other place)     22. NAME AND ADDRESS OF FACILITY     Taylor Funeral Chapel   21401     147 Gloucester St., Annapolis, MD							
	23. PART i. Enter the diseases, or complications the abock, or heart feliure. List only one communication is a communication of the communication of the communication of the communication of the communication of the communication of the communication of the communication of the communication of the communication of the communication of the communication of the communication of the communication of the communication of the communication of the communication of the communication of the communication of the communication of the communication of the communication of the communication of the communication of the communication of the communication of the communication of the communication of the communication of the communication of the communication of the communication of the communication of the communication of the communication of the communication of the communication of the communication of the communication of the communication of the communication of the communication of the communication of the communication of the communication of the communication of the communication of the communication of the communication of the communication of the communication of the communication of the communication of the communication of the communication of the communication of the communication of the communication of the communication of the communication of the communication of the communication of the communication of the communication of the communication of the communication of the communication of the communication of the communication of the communication of the communication of the communication of the communication of the communication of the communication of the communication of the communication of the communication of the communication of the communication of the communication of the communication of the communication of the communication of the communication of the communication of the communication of the communication of the communication of the communication of the communication of the communication of the com	nuse in each line.	Do not antar tha	ock	th as cardiac or reap	iratory arrest	Approximata Interval Between Onset and Death	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	O (OR AS A GONSEQUEN  O (OR AS A CONSEQUEN  O (OR AS A CONSEQUEN	yo card we on: ar Jer	al in-	farction case	1	1 day ? Yrs	
MEDICAL	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.  ObesiTy  24a. WAS AN AUTOPSY FIND ANALABLE PRIOR TO COMPLETION OF CAU OF DEATH?  1 YES 2 NO							
BY PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  1 Inpatient 2 ER/Outpatient 3 DOA  26. PLACE OF DEATH (Check only one)  27. MANNER OF DEATH  1 Inpatient 2 ER/Outpatient 3 DOA  28. DATE OF INJURY  28. DATE OF INJURY  Month, Dey, Year)  28. DATE OF INJURY  28. DATE OF INJURY  28. DATE OF INJURY  MONTH, Dey, Year)  1 YES 2 NO  28. DATE OF INJURY  1 YES 2 NO						ED	
COMPLETED	3 Suicide 4 Homicide 8 Could not be determined  29e. CERTIFIER (Check only one) 1 ERTIFYING PHYSICIAN: To the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best		occurred at the time, d	ite and place, end due		nner as stated.		
TO BE C	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CA	ISE OF DEATH (ITEM 27	O (Sing Polyt)	29c. LICENSE NU	MBER 765	29d. DATE BY	GNED (Month, Day, Year)	

USE OF DEATH (ITEM 27) (Type, Print)

1 32. REGISTRAR'S SIGNATURE

205 Ridgely Avenue,

MD 21401

Annapolis

Joseph N. Fri 31. DATE FILED (Month, Day, Year) IAN 1 8 1990

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OSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 27 nours after death. Page	NNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral direc thin 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	Note to the control of the second of the second second second second second second second second second second
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1. DECEDENT'S NAME (First, Middle, Las			TOATE	OF DEA		REG. NO	<i>)</i> .		
IRVIN	COX						3	YEAR 90	07 55 A
4. SOCIAL SECURITY NUMBER		E (In yrs. lest birthday)	IF UNDER 1	DAYS HOURS	ER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		8. BIRTH Count	IPLACE (State or Foreign y)
276-18-4277	1×1 M 2 □ F 78	YRS.		tioons (		1-29-11			MD
Se. FACILITY NAME (If not institution, give				TOWN OR LOCAT			9c. COU	NTY OF D	EATN
HOMEWOOD HOS			BAL	GTIMOR	E CI	TY			
RESIDENCE OF DECEDENT  10a, STATE  10b, COU		10c. Cl	TY, TOWN OF	R LOCATION					10d. INSIDE CITY
MD				ORE CI	TY				LIMITS?
10e, STREET AND NUMBER	· · · · · · · · · · · · · · · · · · ·		_	101, ZIP COI	DE		10a. CITI	ZEN OF V	VNAT COUNTRY?
1809 EUTAW P	LACE			0.7.0	10				
11. MARITAL STATUS	12. WAS DECEDENT EVER	IN U.S. ARMED	13. W	2.7.2 WAS DECEMBENT		NC DRIGIN? (Specify Ye	s or No—	USA 14. BACI	- American Indien,
1 Never Merried A Merried 3 Wildowed 4 Divorced	FORCES? 2 (2) YE		19	yes, specify Cut	onn, Mexica	n, Puerto Ricen, etc.)		Spec	k, White, atc.
15. DECEDENT'S E		18 a. DECEDENT'S	S USUAL OC	CUPATION		16b, KIND OF BI	JSINESS/INC	USTRY	DUACK
(Specify only highest gra Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of life. Do NOT o	work done di use retired.)	uring most of work	king				
NA	50110g0 (1-4 di 5+)	NA				CITY C	F BA	LTI	MORE
17. FATHER'S NAME (First, Middle, Last)				16. MO	THER'S NA	ME (First, Middle, Maide	n Sumame)		
GEETER	COX			M.	ARY			SMI	TH
19a. INFORMANT'S NAME (Type/Print)		19b. MAILIN	G ADDRESS	(Street and Numb	er or Rural i	Route Number, City or To	wn, State, Zip	Code)	
ETHEL	COX	1809	EUTA	AW PLA	CE/B	ALTIMORE	, MD	21	217
20a. METHOD OF DISPOSITION	2	10b. PLACE OF DISPO					OCATION -	City or To	wn, State
Burial 2   Cremation 3   Re   4   Donation 5   Other (Specify) _	emovel from State	GARRIS	ON FO	OREST	VET.	CEM OWI	NGS	MIL	LS, $MD$
21. SIGNATURE OF FUNERAL SERVICE	LICENSEE		22. N	AME AND ADDR	ESS OF FA	CILITY			
23. PART I. Enter the diseases, 3	r complications that caus	7.0							
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IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. 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INJURY OC  Injury Oc  and Number  2 And Number  2 And DAT  29d, DAT	CURED  r or Rural  ted. he cause(	Interval Betwee Onast and Dei Onast and Dei Onast and Dei Onast and Dei Onast and Dei Onast and Dei Onast and Dei Onast and Dei Onast and Dei Onast and Dei Onast and Dei Onast and Dei Onast and Dei Onast and Dei Onast and Dei Onast and Dei Onast and Dei Onast and Dei Onast and Dei Onast and Dei Onast and Dei Onast and Dei Onast and Dei Onast and Dei Onast and Dei Onast and Dei Onast and Dei Onast and Dei Onast and Dei Onast and Dei Onast and Dei Onast and Dei Onast and Dei Onast and Dei Onast and Dei Onast and Dei Onast and Dei Onast and Dei Onast and Dei Onast and Dei Onast and Dei Onast and Dei Onast and Dei Onast and Dei Onast and Dei Onast and Dei Onast and Dei Onast and Dei Onast and Dei Onast and Dei Onast and Dei Onast and Dei Onast and Dei Onast and Dei Onast and Dei Onast and Dei Onast and Dei Onast and Dei Onast and Dei Onast and Dei Onast and Dei Onast and Dei Onast and Dei Onast and Dei Onast and Dei Onast and Dei Onast and Dei Onast and Dei Onast and Dei Onast and Dei Onast and Dei Onast and Dei Onast and Dei Onast and Dei Onast and Dei Onast and Dei Onast and Dei Onast and Dei Onast and Dei Onast and Dei Onast and Dei Onast and Dei Onast and Dei Onast and Dei Onast and Dei Onast and Dei Onast and Dei Onast and Dei Onast and Dei Onast and Dei Onast and Dei Onast and Dei Onast and Dei Onast and Dei Onast and Dei Onast and Dei Onast and Dei Onast and Dei Onast and Dei Onast and Dei Onast and Dei Onast and Dei Onast and Dei Onast and Dei Onast and Dei Onast and Dei Onast and Dei Onast and Dei Onast and Dei Onast and Dei Onast and Dei Onast and Dei Onast and Dei Onast and Dei Onast and Dei Onast and Dei Onast and Dei Onast and Dei Onast and Dei Onast and Dei Onast and Dei Onast and Dei Onast and Dei Onast and Dei Onast and Dei Onast and Dei Onast and Dei Onast and Dei Onast and Dei Onast and Dei Onast and Dei Onast and Dei Onast and Dei Onast and Dei Onast and Dei Onast and Dei Onast and Dei Onast and Dei Onast and Dei Onast and Dei Onast and Dei Onast and Dei Onast and Dei Onast and Dei Onast and Dei	

FOR STATE REGISTRAR CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) COLEMAN 2. DATE OF DEATH 3. TIME OF DEATH YEAR PM arl 2 of teman 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH 8. BIRTHPLACE (State IF UNDER 1 YEAR IF UNDER 24 HRS. 3148 1 M 2 F 06 -05-23 YRS. Somerse 021 permit. Pages 1, 2, 3 should 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH washinaton Center Hagenstown Md. DIRECTOR Nursing 10a, STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Md. Wash ear 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 101 ZIP COO 10g. CITIZEN OF WHAT COUNTRY? 336 0. 21 722 4.5 funeral director, page 5 should be detached for use as the burial-transit nurs after death. Page 6 may be retained by the hospital or attending physician, RACE - American Indian, Black, White are 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-1 Never Married 2 Married If yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: BY 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION 15b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comple Elementary/Secondary (0-12) College (1-4 or 5 +) Religon Minister 17. FATHER'S NAME (First, Middle, Last) 18 MOTHER'S NAME (First Middle Maiden Symame) Clarence McKinley Effie May Coleman Spangler notified at 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Emma J.Coleman P.O.Box # 336 Clear Spring,MD 21722 og 20a METHOD OF DISPOSITION
1 🖄 Burial 2 🗆 Cremation 3 🗆 Removal from State 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION — City or Town, State must t Trin'ity Christian Church Cem. Clear Spring, MD 21722 4 Donation 5 Other (Specify) 22, NAME AND ADDRESS OF FACILITY
OSborne Funeral Homes examiner 21. SIGNATURE OF FUNEBAL SERVICE LICENSEE P.O.Box # 348 Williamsport, MD 21795 filled in by the medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata ahock, or heart failure. List only one cause on each line Interval Between 6 Onset and Death IMMEDIATE CAUSE (Final signed by the attending physician and completely fille Health and Mental Hygiene prior to burial, cremation, the disease or condition Septicomia executed within resulting in death) traumatic event, DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING The law requires that the death certificate be CAUSE (Disease or injury or other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other aigniticant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL AMILABLE PRIOR TO shows any - preprovascular accident COMPLETION OF CAUSE 1 TYES 2 NO OF DEATH? Drabele 1 YES 2 NO certificate has been h the State Dept, of PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 | inpatient 2 | ER/Outpatient 3 | DOA OTHER: 1 | YES 2 | NO 4 Nursing Home 5 Residence 6 Other (Specify) 0 TO THE HOSPITAL OR ATTENDING PHYSICIA TO THE FUNERAL DIRECTOR: After this cert be filed within 72 hours after death with the IMPORTANT: If item 28 is marked, or 28s. DATE OF INJURY (Month, Day, Year) 27. MANNER OF OEATH 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation 1 YES 2 NO BY DIVISION 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be COMPLETED 4 Homicide 29s. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE, SIGNED (Month, Day, Year) 38 2145 1400-1 W 2 30. NAME AND AGORESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) +KHIC ME. HAGERSTUNN MD21740 WATERD 1610-32. REGISTRARYP SIGNATURE RENDERL

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCLENE

REGISTRAR  1. DECEDENT'S NAME (First, Middle, Last)		OLITTI	IOAIL	OF DEATH	REG.			3. TIME OF DEATH
Levin	Sard Cant	ville			Januar		1990	
4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	IF UNDER 1 YE	AR IF UNDER 24 HRS.	7. DATE OF BIRTH	1		PLACE (State or Foreign
213-01-5565		72 YRS.	MONTHS DA	YS HOURS MIN.	(Month, Day, Yes	nr)	Countr	ryland
9e. FACILITY NAME (If not institution, give st	reet end number)		9b. CITY, TO	WN OR LOCATION OF D	EATH	9c. CC	DUNTY OF D	
Memorial Hos	pital		Ea	aston			Talb	ot
10e. STATE 10b. COUNTY		10c. CIT	TY, TOWN OR L	OCATION				10d. INSIDE CITY LIMITS?
Maryland Ta	lbot		Trap	ope				1 YES 2XXNO
10e. STREET AND NUMBER				10f. ZIP CODE		10g. C	ITIZEN OF V	VHAT COUNTRY?
P.O. Box 332				21673			US	
1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 X YES IF YES, GIVE WAR OR E WW I	2 NO	If ye	s, specify Cuban, Mexic YES 2 X NO Speci	an, Puerto Rican, etc	y Yea or No	Black	- American Indian, t, White, etc. W: White
15, DECEDENT'S EDUC (Specify only highest grade	CATION completed)	16a. DECEDENT'S	USUAL OCCU	PATION og most of working	16b. KIND O	F BUSINESS/I	INDUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)	Ille. Do NOT u	ise retired.)	y most of working				
11		Sale	esman			Insu	rance	9
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S N	AME (First, Middle, Mi	siden Sumame	)	
John Applegart	h Cantvill				y Sard			
100. INFORMANT'S NAME (Type/Print) Virginia H. Ca	ntville			332 Trap				
200 METHOD OF DISPOSITION	20	b. PLACE OF DISPO		of cometery, cremetory or		c. LOCATION		wn. State
1 X Buriel 2 ☐ Cremation 3 ☐ Reme 4 ☐ Donetion 5 ☑ Other (Specify)	oval from State	Cckeshi	irv Ce	emetery				Md.
21. SIGNATURE OF THERAL SERVICE LIC	EASEE	CONCEDE	22. NAN	ME AND ADDRESS OF F	CILITY Thom	as F	unera	1 Home
· /// .T	()							id. 21613
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that Inkitated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE O	NF):	College Paris	URC			
PART II. Other algnificant condition	a contributing to death	but not resulting	In the under	rlying cause given in	PE	S AN AUTOPS RECOMMED?	3Y 24b	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	6. PLACE OF DEATH (C	heck only one)			
1 TYES 2 THO	1 npetient 2 - ER/Out	Ipatient 3 🗆 DOA		Home 5 - Residence	6 - Other (Specify	)		
27. MANNER OF DEATH  1 Netural 5 Pending	28e. DATE OF INJURY (Month, Dey, Year)	28b. TR	JURY	WORK?	28d, DESCRIBE H	OW INJURY	OCCURED	
2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	26a. PLACE OF INJUR building, etc. (Spi	Y — At home, ferm,			28f. LOCATION (S City or Town,	treet and Num State)	ber or Rural i	Route Number,
	CIAN: To the best of my known R:-On the basis of axaminsti				e time, date and plac	e, end due to	the cause(e	o) and manner as stated.  (Month, Day, Year)
30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF D	EATH (ITEM 27) (Type	e, Print)					
31. DATE FILED (MOTANO) 1602 190	32. REGISTRATI'S SA	Widen-Range	delle					

TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. In the state death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1	-	ST	AT			R	A
	. D	ECE	DE	N	T'	8	P
			-4	_	-	-	

Mildred A.	C. 7					2. DATE	E OF DEATH	IA.	YEAR	3. TIME OF DEATH
	Culve	r.				01	0	1	90	0131
4. SOCIAL SECURITY NUMBER 212-01-8886	5. SEX	6. AGE (In yrs. leat 86	birthday) YRS.	MONTHS DAYS	HOURS MIN	(Mon	of BIRTH th, Day, Year) 2-10-(	72	6. BIRTHP Country)	LACE (State or Foreign
Se. FACILITY NAME (If not institution, give a		00		9b. CITY, TOWN C	P I OCATION OF		2-10-0		ITY OF DEA	
Peninsula Gen	eral Ho	spital		Sa	Lisbur	У			Wico	mico
10a. STATE 10b. COUNT	Y		10c, CIT	Y, TOWN OR LOCAT	ION				1	IOd. INSIDE CITY
Maryland Wic	omico									LIMITS?
10a. STREET AND NUMBER	OUITGO			Eden	ZIP CODE					AT COUNTRY?
Rt. 1, Box 1	20			100		0.0		10g. C1112		
					218				U.S	
11. MARITAL STATUS 1 Never Married 2 Married 3 Divorced		TEVER IN U.S. ARM YES 2 1 N AR OR DATES		If yes, sp	ENDENT OF HIS colfy Cubert, Me: 2 X NO Sp	ican, Puerto		or No	Black,	- American Indian, White, etc. White
15. DECEDENT'S EDU	ICATION	16a. DEC	CEDENT'S	USUAL OCCUPATION	)N	16	b. KIND OF BUS	INESS/IND	USTRY	
(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5 +	- Ma	Do NOT us	work done during mo se retired.)	et of working					
8			me+	ress		7	W.& S.	Sh	2+	CO.
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Interest CAUSE (Final disease or condition resulting in deeth)	s. Hyp	ertensi	LVE	Cardio	vascul	ar D	iseas	9		Interval Bety Onset and D
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	с	(OR AS A CONSEQ								
that initiated events resulting in death) LAST										
	d									
		death but not re	esulting	in the underlyin	g cause given	in Part I.	24a. WAS AN PERFOR 1 YES 2	MED?		MAILABLE PRIOR TO COMPLETION OF CAU OF DEATH?
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a mount after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2 3 should	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1. DECEDENT'S NAME (First, Middle, Lest)	. Denn	is D	ENNIS CO	ATES	2. DATE OF DEATH	DAY 15	YEAR 90	3. TIME OF DEATH
	6. SEX 6. AGE (In yrs. 1 M 2 G F 9 4	last birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS HOURS MIN,	7. DATE OF BIRTH (Month, Day, Year) 5/9/9	5	/ -	**
Sa. FACILITY NAME (If not institution, give structured man).  RESIDENCE OF DECEMENT	0 1			OR LOCATION OF	DEATH	9c. CO	A /A	
100. STATE 10b. COUNTY	AlA		TY, TOWN OR LOCA					10d. INSIDE CITY LIMITS? 1 YES 2 NO
10e. STREET AND NUMBER		TGRO		1. ZIP CODE	-	10g. Cf	TIZEN OF V	WHAT COUNTRY?
998 GENERALS HIGH		-	2	1032			U.S.	
11. MARITAL STATUS 1 Never Married 2 Married 3 MANdowed 4 Divorced	12. WAS DECEDENT, EVER IN U.S. FORCES? 1 A YES 2 IF YES, GIVE WAR OR DATES W.W. I	. ARMED	If yes, sp		ANIC ORIGIN? (Specify can, Puerto Rican, atc.) city:	Yea or No	Spec	E — American Indien, k, White, etc. lfy: ACK
15. DECEDENT'S EDUC. (Specify only highest grade of Elementary/Secondary (0-12)	completed) College (1-4 or 5+)	(Give kind of life. Do NOT u	S USUAL OCCUPATI work done during me se retired.)  NCE DEPT	ost of working	ARLINGT			AL CEMETERY
17. FATHER'S NAME (First, Middle, Leet) GEORGE COATES					NAME (First, Middle, Make ICE QUEEN	en Surname)		
19a. INFORMANT'S NAME (Type/Print) SARAH L. SHORTER					ni Route Number, City or Y CROWNSVI			21032
20e. METHOD OF DISPOSITION 1 M Burlel 2 Cremation 3 Remove			SITION (Name of ce	metery, cremetory	7 20c.	LOCATION -	- City or To	own, State
4 Donation 5 Other (Specify)	val from State MARY	YLAND	VETERAN	CEMETER			VILL	
	MARY	YLAND	22. NAME A	ND ADDRESS OF	Y C	ROWNS	T. 21	E, MARYLANI NNAPOLIS, N
4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICE  23. PART I. Enter the placeses, or co	omplications that caused the	YLAND death. Do	22. NAME A	IAM REE	Y C FACILITY 821 W SE & SONS	ROWNS EST S MORTU	T. <sub>2</sub> A JARY,	E, MARYLANI NAPOLIS, M P.A. Approximeta Interval Between
21. SIGNATURE OF FUNERAL SERVICE LICE 23. PART I. Enter the diseases, or coahock, or haart failure. L IMMEDIATE CAUSE (Final disease or condition	ENSEE	death. Do	WILL not enter the me	IAM REE	Y C FACILITY 821 W SE & SONS	ROWNS EST S MORTU	T. <sub>2</sub> A JARY,	E, MARYLANI NAPOLIS, M P.A. Approximeta Interval Between
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23. PART I. Enter the disease, or contained and an art failure. L. IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST  PART II. Other significant conditions  25. WAS CASE REFERRED TO MEDICAL	DUE TO (OR AS A COM	death. Do line.  WEEQUENCE OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF	in the underlying 26. F	IAM REE ode of dying, a	SE & SONS uch as cardiac or re  AOSI In Part I. 24a. WAS PER 1   YES	ROWNS EST S MORTU  apiratory a  AN AUTOPS FORMED?	JARY,	E, MARYLANI NAPOLIS, 1 401 P.A. Approximate interval Betwee Onset and Dase Onset and Dase  were autopsy finding AMALSEE PRIOR TO COMPLETION OF CAUSE DF DEATH?
23. PART I. Enter the diseases, or company to the disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death)  PART II. Other algnificant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?	DUE TO (OR AS A COM	MEQUENCE O	in the underlying to the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light	TAM REE ode of dying, a cause given grant at the same series of death the same series of death the same series of death the same series of death the same series of death the same series of death the same series of death the same series of death the same series of death the same series of death the same series of death the same series of death the same series of death the same series of death the same series of death the same series of death the same series of death the same series of death the same series of death the same series of death the same series of death the same series of death the same series of death the same series of death the same series of death the same series of death the same series of death the same series of death the same series of death the same series of death the same series of death the same series of death the same series of death the same series of death the same series of death the same series of death the same series of death the same series of death the same series of death the same series of death the same series of death the same series of death the same series of death the same series of death the same series of death the same series of death the same series of death the same series of death the same series of death the same series of death the same series of death the same series of death the same series of death the same series of death the same series of death the same series of death the same series of death the same series of death the same series of death the same series of death the same series of death the same series of death the same series of death the same series of death the same series of death the same series of death the same series of death the same series of death the same series of death the same series of death the same series of death the same series of death the same series of death the same series of death the same series of death the same series of death the same series of death the same series of death the same series of death the same series of death t	FACILITY 821 W SE & SONS uch as cardiac or re AOSA In Part I. 24s. Was PER 1   YES	ROWNS EST S MORTU  Popiratory a  AN AUTOPS FORMED?  2 □ NO	ARY, prest, SCA	E, MARYLAN NAPOLIS, 401 P.A.  Approximata interval Betwee Onset and Das  MERE AUTOPSY FINDING AMALBLE PRIOR TO COMPLETE PRIOR TO COMPLETE PRIOR TO TO TO TO TO TO TO TO TO TO TO TO TO

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	FOR 1 - STATE REGISTRAR	STATE OF MARY	LAND / DEPAR	RTMENT OF	HEALTH A	ND MENT	AL HYGIENE REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last,		OLHIII	ICAIL O	DLAII		TE OF DEATH		1.3	TIME OF DEATH
	Della Fran		ale i			MON			YEAR (	01201
	4. SOCIAL SECURITY NUMBER		E (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24		E OF BIRTH	-	,	ACE (State or Foreign
	1.000	1 M 2 D F		MONTHS DAYS		an, (Moi	nth, Day, Year)		Country)	
	189-05-8267  Se. FACILITY NAME (If not institution, give	Δ	91 YRS.	A1 - A1774 - TOWN			6-13-9			ylvania
oc					OR LOCATION	OF DEATH			ITY OF DEAT	
0	Anne Arundel	<u>Medical /c</u>	enter	Annap	olis		A	nne	Arun	idel
DIRECTOR	10a. STATE 10b. COUN	TY	10c. CIT	TY, TOWN OR LOC	ATION				16	d. INSIDE CITY
8	MD Anne	Arundel	Cr	ownsvi	11e				1	LIMITS?
4	10e. STREET AND NUMBER		1 01		of. ZIP CODE			10g. CITIZ		AT COUNTRY?
E	306 East Fore	st Trail			21032	2		USA	4	
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER			CENOENT OF	IISPANIC ORIG	MN? (Specify Year	-	14. RACE -	American Indian,
	1 Never Married 2 Married	FORCES? 1 YE	DATES		pecify Cuben, I S 2 NO		o Rican, etc.)		Specify:	Vhite, etc.
BY	3 Wildowed 4 Divorced									White
ED	16. DECEDENT'S ED (Specify only highest grad		(Give kind of	work done during i	TION nost of working	10	6b. KIND OF BUSI	INESS/INDI	USTRY	
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 6+)	House				House	hold	3	
MP	5		nouse	WILL			110030	11010		
8	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER	I'S NAME (First	t, Middle, Maiden S	Surname)		
88	John Lizd	as			Anı		Dubin			
0	19a. INFORMANT'S NAME (Type/Print)			O ADDRESS (Stree						
	Irene Covales			East F						
	20s. METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Re	moval from State	other place)			ary or			City or Town	
	4 Donation 5 Other (Specify) e		Hillcre		etery		Ann	apol	is,	MD
	21. SIGNATURE OF FUNERAL SERVICE L	A I					ral Ho	ma T	Δ .	
	/ Komes /	Hardy					enue,			s, MD
	23. PART I. Enter the diseases, Di	complications that caus	ed the death. Do	not enter the n	ode of dying	, such se co	rdiac or respir	atory arr	eat,	Approximate
	IMMEDIATE CAUSE (Final	. List only one days on	each line.							Interval Between Onset and Death
	disease or condition resulting in death)	. C. H.	F.							
	reading in death)	DUE TO (OR AS	A CONSEQUENCE C	OF):						
z		b.								
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS	A CONSEQUENCE C	OF):			···			
2	cause. Enter UNDERLYING CAUSE (Disease or Injury	G								
쁘	that initiated events	DUE TO (OR AS	S A CONSEQUENCE C	OF):						
H	resulting in death) LAST	d								
	PART II. Other significant condition	one contributing to death	but not resulting	In the underly	ng cause gly	en in Part i.	24s. WAS AN /	AUTOPSY	24b. W	ERE AUTOPSY FINDINGS
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ED	Chronic	24017	.00	9			1 TYES 2	□ NO	0	F DEATN?
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PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL	1		28	PLACE OF OEA	TN (Check set)				
[ I	EXAMINER?	HOSPITAL:		OTHER:						
Ž	27. MANNER OF DEATH	1 C Inpatient 2 ER/O		4 Nursing H	NJURY AT		ESCRIBE NOW IN	TIMBA OCC	CHRED	
	1 Netural 6 Pending	(Month, Day, Year		JURY	YORK?	-	PESCHIBE NOW III	WONT OCC	JOHED	
ВҰ	Accident investigation	28a PLACE OF INJUL	RY At home, farm,				OCATION (Street a	nel Number	or Burni Bou	do Mumber
8	3 Suicide 6 Could not b	building, atc. (S	pecify)	on out, manary, or			ity or Town, State)	no nomber	or nover nou	ne various,
<u> </u>	29e, CERTIFIER									
I de	(Check only	SICIAN: To the best of my kn								EW INSTERNATION
COMPLETED		NER: On the basis of axamine	tion and/or investigati	ion, in my opinion	, death occured	at the time, di	ata and place, and	d due to th	e cause(a) a	ind menner as stated.
BE	29b. SIGNATURE AND TITLE OF CERTIFIE	Da MAL			29c. LICENS	SE NUMBER	1.0	20d. DATE	E SIGNED (M	onth, Day, Year)
0	MOVIN Wall	1100			1)0	x4-1	00		1/7/	70
	30. NAME AND ADDRESS OF PERSON V								1	
	1X+13133 N			AMC						
	JAN 2 2 19	32. DEGISTRAR'S SI	GNATURE							
	0011 00 13	JUManaparana	may a Market	W.						

DIVISION OF VITAL RECORDS, P.O. BOX 13146,  TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 25 mounts after death. Page 6 may be retained by the hospital or attending physician and completely filled in the funeral director, page 5 should be detached for use as the buriah of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of	SION TENDING	OF PHYSICI.	AN: The	law request been as been	COR dires that signed to	DS, the de	P.O. ath cents tending	BOX ficate be physicial	DIVISION OF VITAL RECORDS, P.O. BOX 13146, AL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with a LIDECTOR. After this certificate has been signed by the attending physician and complete the control of the standard Marines indicate the principle of the standard Marines and complete the standard Marines and complete the standard Marines and complete the standard Marines and complete the standard Marines and complete the standard Marines and complete the standard Marines and Complete the standard Marines and Complete the standard Marines and Complete the standard Marines and Complete the standard Marines and Complete the standard Marines and Complete the standard Marines and Complete the standard Marines and Complete the standard Marines and Complete the standard Marines and Complete the standard Marines and Complete the standard Marines and Complete the standard Marines and Complete the standard Marines and Complete the standard Marines and Complete the standard Marines and Complete the standard Marines and Complete the standard Marines and Complete the standard Marines and Complete the standard Marines and Complete the standard Marines and Complete the standard Marines and Complete the standard Marines and Complete the standard Marines and Complete the standard Marines and Complete the standard Marines and Complete the standard Marines and Complete the standard Marines and Complete the standard Marines and Complete the standard Marines and Complete the standard Marines and Complete the standard Marines and Complete the standard Marines and Complete the standard Marines and Complete the standard Marines and Complete the standard Marines and Complete the standard Marines and Complete the standard Marines and Complete the standard Marines and Complete the standard Marines and Complete the standard Marines and Complete the standard Marines and Complete the standard Marines and Complete the standard Marines and Complete the standard Marines and Complete the standard Marines and Com	ithin 27	nours after	BALTIMORE, MARYLAND 21203-3146 inter death, Page 6 may be retained by the hospital or attending physical to the third director, page 5 should be detached for use as the burial property.	ORE 6 may	, MAI be retair age 5 sho	RYLA ned by th	AND he hospin detached	2120 al or att	3-31 ending as the
The med whilm it industries are used with the 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	28 is ma	rked, o	r item	23 sho	ws any	Injury	or of	ner trau	matic eve	nt, the	medica	examine	must	be notifi	ed at (	once.		

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR STATE REGISTRAR	STATE OF MARY		MENT OF HE		MENTAL	HYGIENE REG. NO.		01000
1. DECEDENT'S NAME (First, Middle, Lost ELSIE	MILDRED		Culo	4R	2. DATE OF		YEAR 1990	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER  2.18-20-7.459  9. FACILITY NAME (If not institution, give	1 🗆 M 2 🔀 F	76 YRS.		IF UNDER 24 HRS. HOURS MIN.	8- 3	BIRTH 19 13 10- 1918	MAR MAR	YLAND
PENINSULA GENERAL		1		SURY, MA			VICOM	
10a. STATE 10b. COUN	ICOMICO		TOWN OR LOCATION	ON				10d. INSIDE CITY LIMITS? 1 TYES 2 NO
00. STREET AND NUMBER		*	101.	2.1830		10g. CI		HAT COUNTRY?
1. MARITAL STATUS  Never Married 2 Married  XWidowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2 NO	If yes, spec		n, Puerto Ric	(Specify Yea or No— cen, etc.)	14, RACE	JSA  — American Indian, , White, etc.  WHITE
15. DECEDENT'S ED (Specify only highest grad Elementary/Secondery (0-12)	UCATION te completed) College (1-4 or 5+)	16a. DECEDENT'S US (Give kind of wor life. Do NOT use	rk done during most		16b. K	(IND OF BUSINESS/IP	IDUSTRY	
5 YEARS 7. FATHER'S NAME (First, Middle, Leet)		SEAMST	RESS	40 MOTURNIC NA	ME /First Mile	SHIRT CO		7
WALTER	WHIT	EHEAD		MAUDE	_		CHARDS	SON
BURNETT BAKER				OR, HEBR		r, City or Yown, State, 2 D 21830		
	9/90 movel from State	Ob. PLACE OF DISPOSITE Officer Place) HEBRON CEM	TION (Name of came		ON I	20c. LOCATION - HEBRON	- City or To	vn, State
SIGNATURE OF FUNERAL SERVICE I	hell-	2	HOLLOV	ADDRESS OF FACTOR	RAL H			21801
MMEDIATE CAUSE (Final lisease or condition esuiting in deeth)  Sequentielly list conditions, if any, leeding to immediate souse. Enter UNDERLYING CAUSE (Disease or injury hat initiated events esuiting in death) LAST	b. DUE TO JOH AS	A CONSEQUENCE OF):	ron	Ken				Onset and Deet
PART II. Other algnificant condition	one contributing to deeth	but not resulting in	the underlying	cause given in		24a. WAS AN AUTOPS PERFORMED? 1 YES 2 NO	Y 24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?  1 YES 2 NO
5. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL:		OTHER:	CE OF DEATH (Ch				
7. MANNER OF CEATH  1 Natural 6 Pending 2 Accident Investigation	26a. DATE OF INJUR (Month, Day, Year	Y 28b. TIME	OF 28c. INJU	RY AT		RIBE HOW INJURY O	CCURED	
3 Suicide 6 Could not b	26e. PLACE OF INJU- building, etc. (S)	RY — At home, farm, str pecify)	eet, factory, office		281. LOCAT	TION (Street and Numb. Town, State)	per or Rural F	loute Number,
onel	SICIAN: To the best of my known							and manner as stated.
96. SIGNATURE AND TITLE OF DESTIN	62			295 LICENSE HUN D 2931				Odorge, Case Years
DR. WM. BO	HO COMPLETED CAUSE OF	DEATH (ITEM 27) (Type, F		AVE	S	Alisbur	V Mil	21801
11. DATE FILED (Month, Desc. Year)	32. REGISTRAR'S SIG	GMATURE	7, 7, 6		Q I	77.3001	7,	20/001

90		ă
DIRECTOR: After this certificate has been signed by the aftending physician and completely filled in by the funeral director, pag		item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be
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THE STATE OF	396	70
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OR:	hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	99
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DECEDENT'S NAME (First, Middle, Las	11)				2. DATE OF				. TIME OF OEATH
HARRY A.	COUPE	R			JAW.	13	10	YEAR	9:101
SOCIAL SECURITY NUMBER	5. SEX 6.	AGE (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF			8. BIRTHPI	ACE (Stete or Foreign
							RYLand		
FACILITY NAME (If not institution, give	e street end number)		96. CITY, TOWN	OR LOCATION OF O	EATH	7	9c. COUN	TY OF DEA	THU
ARROLL COUNTY	GENERAL	HOSPITAL	WESTN	INSTER,	MO	21157	0	ARR	OLL
On. STATE 10b. COV		10c. CITY,	TOWN OR LOCA	ATION				1	0d. INSIDE CITY LIMITS?
MD. C	ARROLL	HA	MASTE	FAD				1	YES 2 NO
0e. STREET AND NUMBER			10	of, ZIP CODE	4		10g. CITIZ	EN OF WH	AT COUNTRY?
905 S. MAI	N ST.			210	74		,	TC A	
1. MARITAL STATUS  Never Married 2 Merried  Wildowed 4 Divorced	12. WAS DECEDENT E FORCES? 1 IF YES, GIVE WAR	YES 2 BNO	If yes, s	CENDENT OF HISPA pecify Cuban, Mexico 8 2 NO Specif	en, Puerto Rici		r No-	A RACE .	- American Indian, While, etc.
15. DECEDENT'S E	DUCATION	16e. DECEDENT'S U	USUAL OCCUPATI	ION	18b. K	IND OF BUSIN	NESS/INO	USTRY	111110
(Specify only highest gri	college (1-4 or 5+)	(Give kind of we	ork done during metired.)	lost of working					
High School	Annaha (1-4 pt 3+)	Carpen	tor						
7. FATHER'S NAME (First, Middle, Last)		oa i ben	001	18. MOTHER'S NA	AME (First Min	idle, Maiden S	umamel	_	
	ooper			Alven			ar remeritary		
9e. INFORMANT'S NAME (Type/Print)	0.0 0.01	top team man	ADDRESS (Ow. )				Oran T	Ondet	
Mr. Richard	A. Cooper			and Number or Rurel glake D				-	21093
00. METHOD OF DISPOSITION		20b. PLACE OF DISPOSE		The second second second	_ ,			City or Town	
Buriel 2 ☐ Cremation 3 ☐ R ☐ Donation 6 ☐ Other (Specify) _	emovel from State	Hampstea				1-11-1		200	
1. SIGNATURE OF FUNERAL SERVICE	LICENSEE	THE MODUCE			ACILITY	TXL III	USUE	ead.	nu.
Ateven W. C 23. PART I. Enter the diseases, of ahock, or heart fallur	90 .	aused the death. Do no	22. NAME A	ne Fune	ral H	Home			Md 27 Approximate Interval Betw
Ateven W. C. 23. PART I. Enter the diseases,	Creation that creations cause a. Respir	aused the death. Do no	Elin 93/ ot antar the mo	ne Fune	ral H	Home			Md.21
Atever W. C. 23. PART I. Enter the diseases, of ahock, or heart fallur MMEDIATE CAUSE (Final disease or condition resulting in death)	or complications that cree. List only one cause a. Respirature of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete	aused the death. Do no on each lina. atory fail	Elin 93/ ot antar the mo	ne Fune	ral H	Home			Md 27
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98. FACILITY NAME (If not institution, give street and number)  98. FACILITY NAME (If not institution, give street and number)  98. CTY, TOWN OR LOCATION OF DEATH  Randallstown  Randallstown  Randallstown  Randallstown  Randallstown  Randallstown  Randallstown  Randallstown  Randallstown  Randallstown  Randallstown  Randallstown  Randallstown  Randallstown  Randallstown  Randallstown  Randallstown  Randallstown  Randallstown  Randallstown  Randallstown  Randallstown  Randallstown  Randallstown  Randallstown  Randallstown  Randallstown  Randallstown  Randallstown  Randallstown  Randallstown  Randallstown  Randallstown  Randallstown  Randallstown  Randallstown  Randallstown  Randallstown  Randallstown  Randallstown  Randallstown  Randallstown  Randallstown  Randallstown  Randallstown  Randallstown  Randallstown  Randallstown  Randallstown  Randallstown  Randallstown  Randallstown  Randallstown  Randallstown  Randallstown  Randallstown  Randallstown  Randallstown  Randallstown  Randallstown  Randallstown  Randallstown  Randallstown  Randallstown  Randallstown  Randallstown  Randallstown  Randallstown  Randallstown  Randallstown  Randallstown  Randallstown  Randallstown  Randallstown  Randallstown  Randallstown  Randallstown  Randallstown  Randallstown  Randallstown  Randallstown  Randallstown  Randallstown  Randallstown  Randallstown  Randallstown  Randallstown  Randallstown  Randallstown  Randallstown  Randallstown  Randallstown  Randallstown  Randallstown  Randallstown  Randallstown  Randallstown  Randallstown  Randallstown  Randallstown  Randallstown  Randallstown  Randallstown  Randallstown  Randallstown  Randallstown  Randallstown  Randallstown  Randallstown  Randallstown  Randallstown  Randallstown  Randallstown  Randallstown  Randallstown  Randallstown  Randallstown  Randallstown  Randallstown  Randallstown  Randallstown  Randallstown  Randallstown  Randallstown  Randallstown  Randallstown  Randallstown  Randallstown  Randallstown  Randallstown  Randallstown  Randallstown  Randallstown  Randallstown  Randal	RIGIN7 (Specify Yee or No- erto Rican, etc.)  16b. KIND OF BUSINESS/I  Clothing  First, Middle, Malden Surname Fowler  Number, City or Rown, Stets.  Westmin 20c. LOCATION. Finks  Y Home St., Hamp	Maryland DUNTY OF DEATH  1 timore  10d. INSIDE CITY LIMITS? 1 To YES 2 NO  NOTIZEN OF WHAT COUNTRY?  USA  14. RACE — American Indian, Black, White, stc. Specify: White  INDUSTRY  Zip Code) 2157  n ster, Md. — City or Town, State burg, Md.  stead, Md. 210  arreat, Approximate										
Be. FACILITY NAME (if not institution, give street and number)  Baltimore County Gen! Randallstown  Residence of decedent  10e. STATE  10b. COUNTY  Md.  Carroll  10e. CITY, TOWN OR LOCATION  Hamps tead  10e. ZIP CODE  210. ZIP CODE  210. ZIP CODE  211. MANITAL STATUS  112. WAS DECEDENT EVER IN U.S. ARMED PORCES? 1   YES 2   MO Specify:  11   Naver Married 2   Married  2)   Married 2   Married  3)   Married 2   Married  3)   Married 2   Married  3)   Married 2   Married  3)   Married 2   Married  3)   Married 3   Married  4   Divorced  15. DECEDENT'S EDUCATION (Specify) only highest grade completed)  Elementary/Secondary (0-12)   Coffege (1-4 or 8+)    6th grade  17. FATHER'S NAME (First, Middia, Last)  John Coppersmith  18e. INFORMANT'S NAME (First, Middia, Last)  18e. INFORMANT'S NAME (First, Middia, Last)  18e. INFORMANT'S NAME (First, Middia, Last)  18e. INFORMANT'S NAME (First, Middia, Last)  20a. METHOD OF DISPOSITION (Name of cemstery, crematory or careful processes)  4   Donation 6   Other (Specify)   Ever green Mem. Cardens  21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  El in e Fun era  934 S. Ma in  23. PART I. Enter the diseases, or complicetions that caused the deeth. Do not enter the mode of dying, such as shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):	RIGIN? (Specify Yee or No—  10g. C  10g. C  10g. C  10g. C  10g. C  10g. C  10g. C  10g. C  10g. C  10g. C  10g. C  10g. C  10g. C  10g. C  10g. C  10g. C  10g. C  10g. C  10g. C  10g. C  10g. C  10g. C  10g. C  10g. C  10g. C  10g. C  10g. C  10g. C  10g. C  10g. C  10g. C  10g. C  10g. C  10g. C  10g. C  10g. C  10g. C  10g. C  10g. C  10g. C  10g. C  10g. C  10g. C  10g. C  10g. C  10g. C  10g. C  10g. C  10g. C  10g. C  10g. C  10g. C  10g. C  10g. C  10g. C  10g. C  10g. C  10g. C  10g. C  10g. C  10g. C  10g. C  10g. C  10g. C  10g. C  10g. C  10g. C  10g. C  10g. C  10g. C  10g. C  10g. C  10g. C  10g. C  10g. C  10g. C  10g. C  10g. C  10g. C  10g. C  10g. C  10g. C  10g. C  10g. C  10g. C  10g. C  10g. C  10g. C  10g. C  10g. C  10g. C  10g. C  10g. C  10g. C  10g. C  10g. C  10g. C  10g. C  10g. C  10g. C  10g. C  10g. C  10g. C  10g. C  10g. C  10g. C  10g. C  10g. C  10g. C  10g. C  10g. C  10g. C  10g. C  10g. C  10g. C  10g. C  10g. C  10g. C  10g. C  10g. C  10g. C  10g. C  10g. C  10g. C  10g. C  10g. C  10g. C  10g. C  10g. C  10g. C  10g. C  10g. C  10g. C  10g. C  10g. C  10g. C  10g. C  10g. C  10g. C  10g. C  10g. C  10g. C  10g. C  10g. C  10g. C  10g. C  10g. C  10g. C  10g. C  10g. C  10g. C  10g. C  10g. C  10g. C  10g. C  10g. C  10g. C  10g. C  10g. C  10g. C  10g. C  10g. C  10g. C  10g. C  10g. C  10g. C  10g. C  10g. C  10g. C  10g. C  10g. C  10g. C  10g. C  10g. C  10g. C  10g. C  10g. C  10g. C  10g. C  10g. C  10g. C  10g. C  10g. C  10g. C  10g. C  10g. C  10g. C  10g. C  10g. C  10g. C  10g. C  10g. C  10g. C  10g. C  10g. C  10g. C  10g. C  10g. C  10g. C  10g. C  10g. C  10g. C  10g. C  10g. C  10g. C  10g. C  10g. C  10g. C  10g. C  10g. C  10g. C  10g. C  10g. C  10g. C  10g. C  10g. C  10g. C  10g. C  10g. C  10g. C  10g. C  10g. C  10g. C  10g. C  10g. C  10g. C  10g. C  10g. C  10g. C  10g. C  10g. C  10g. C  10g. C  10g. C  10g. C  10g. C  10g. C  10g. C  10g. C  10g. C  10g. C  10g. C  10g. C  10g. C  10g. C  10g. C  10g. C  10g. C  10g. C  10g. C  10g. C  10g. C  10	DUNTY OF DEATH  1 timo re  10d. INSIDE CITY LIMITS? 1 E YES 2 NO  EXTIZEN OF WHAT COUNTRY?  USA  16. Black, White, atc. Specify: White INDUSTRY  In dustry  2p Code) 2157 nster, Md. City or Town, State burg, Md.  Stead, Md.210  arreat, Approximate										
Baltimore County Gen 1 Randallstown  RESIDENCE OF DECEDENT  106. STATE  106. COUNTY  Md. Carroll  106. CTP, TOWN OR LOCATION  Hamps tead  107. ZIP CODE  210 74  11. MARITAL STATUS  11. MARITAL STATUS  12. MAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 MO IN Yes, specify Cuban, Maxican, Pu If YES, QIVE WAR OR DATES  13. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  Coffee (1-4 or 8+)  Clothing  15. MCTHER'S NAME (First, Middle, Last)  John Coppersmith  196. INFORMANT'S NAME (Type/Print)  Mr. Richard L. Coppersmith  196. MAILING ADDRESS (Street and Number or Rural Route All Donatton 6 Other (Specify)  206. METHOD OF DISPOSITION  1 Memory Subandary Comments of Completed and State All Donatton 6 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICENSEE  **Jeven W.E. Eliza  22. PART I. Enter the diseases, or compilections that caused the death. Do not enter the mode of dying, such as shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Finel diseases or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):	RIGIN7 (Specify Yee or No—lerto Rican, etc.)  16b. KIND OF BUSINESS/R  Clothing  Fowler  Number, City or Rown, State,  Westmin  20c. LOCATION  Finks  Y  Home  St., Hamp	Itimore    10d. INSIDE CITY LIMITS?   1										
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Md.   Carroll   Hampstead	RIGIN? (Specify Yea or No— ierto Rican, etc.)  16b. KIND OF BUSINESS/I  Clothing  Clothing  First, Middle, Malden Surname Fowler  Number, City or Rown, State, 20c. LOCATION Finks  Y Home St., Hamp	LIMITS?  1  Yes 2 No  NOTIZEN OF WHAT COUNTRY?  USA  14. RACE — American Indian, Black, White, atc.  Specify: White  INDUSTRY  In dustry  2  Code) Ster. Md. — City or Town, State burg, Md.  Stead. Md. 210  arreat, Approximate										
109. STREET AND NUMBER  4010 Gill Avenue  11. MARITAL STATUS 1   Never Married 2   Married 39(2)(Wildowed 4   Divorced)  15. DECEDENT'S EDUCATION (Specify only highest grade completed)  16. DECEDENT'S USUAL OCCUPATION ((One kind of work done during most of working most of working most of working most of working most of working most of working most of working most of working most of working most of working most of working most of working most of working most of working most of working most of working most of working most of working most of working most of working most of working most of working most of working most of working most of working most of working most of working most of working most of working most of working most of working most of working most of working most of working most of working most of working most of working most of working most of working most of working most of working most of working most of working most of working most of working most of working most of working most of working most of working most of working most of working most of working most of working most of working most of working most of working most of working most of working most of working most of working most of working most of working most of working most of working most of working most of working most of working most of working most of working most of working most of working most of working most of working most of working most of working most of working most of working most of working most of working most of working most of working most of working most of working most of working most of working most of working most of working most of working most of working most of working most of working most of working most of working most of working most of working most of working most of working most of working most of working most of working most of working most of working most of working most of working most of working most of working most of working most of working most of working most of working most of working most of working most	RIGIN? (Specify Yea or No— ierto Rican, etc.)  16b. KIND OF BUSINESS/I  Clothing  Clothing  First, Middle, Malden Surname Fowler  Number, City or Rown, State, 20c. LOCATION Finks  Y Home St., Hamp	USA  14. RACE - American Indian, Black, White, atc. Specify: White  INDUSTRY  In dustry  Zp Code) Ster. Md City or Town, State burg, Md.  Stead. Md.210  arreat, Approximate										
11. MARITAL STATUS   12. WAS DECEDENT EVER IN U.S. ARMED PORCES? 1   YES 2   NO IN Yes, specify Cuben, Mexican, Puter YES, GIVE WAR OR DATES   1   YES 2   NO Specify:   1   YES 2   NO Specify:   1   YES 2   NO Specify:   1   YES 2   NO Specify:   1   YES 2   NO Specify:   1   YES 2   NO Specify:   1   YES 2   NO Specify:   1   YES 2   NO Specify:   1   YES 2   NO Specify:   1   YES 2   NO Specify:   1   YES 2   NO Specify:   1   YES 2   NO Specify:   1   YES 2   NO Specify:   1   YES 2   NO Specify:   1   YES 2   NO Specify:   1   YES 2   NO Specify:   1   YES 2   NO Specify:   1   YES 2   NO Specify:   1   YES 2   NO Specify:   1   YES 2   NO Specify:   1   YES 2   NO Specify:   1   YES 2   NO Specify:   1   YES 2   NO Specify:   1   YES 2   NO Specify:   1   YES 2   NO Specify:   1   YES 2   NO Specify:   1   YES 2   NO Specify:   1   YES 2   NO Specify:   1   YES 2   NO Specify:   1   YES 2   NO Specify:   1   YES 2   NO Specify:   1   YES 2   NO Specify:   1   YES 2   NO Specify:   1   YES 2   NO Specify:   1   YES 2   NO Specify:   1   YES 2   NO Specify:   1   YES 2   NO Specify:   1   YES 2   NO Specify:   1   YES 2   NO Specify:   1   YES 2   NO Specify:   1   YES 2   NO Specify:   1   YES 2   NO Specify:   1   YES 2   NO Specify:   1   YES 2   NO Specify:   1   YES 2   NO Specify:   1   YES 2   NO Specify:   1   YES 2   NO Specify:   1   YES 2   NO Specify:   1   YES 2   NO Specify:   1   YES 2   NO Specify:   1   YES 2   NO Specify:   1   YES 2   NO Specify:   1   YES 2   NO Specify:   1   YES 2   NO Specify:   1   YES 2   NO Specify:   1   YES 2   NO Specify:   1   YES 2   NO Specify:   1   YES 2   NO Specify:   1   YES 2   NO Specify:   1   YES 2   NO Specify:   1   YES 2   NO Specify:   1   YES 2   NO Specify:   1   YES 2   NO Specify:   1   YES 2   NO Specify:   1   YES 2   NO Specify:   1   YES 2   NO Specify:   1   YES 2   NO Specify:   1   YES 2   NO Specify:   1   YES 2   NO Specify:   1   YES 2   NO Specify:   1   YES 2   NO Specify:   1   YES 2   NO Specify:   1   YES 2   YES 2   YES 2   Y	RIGIN? (Specify Yea or No— ierto Rican, etc.)  16b. KIND OF BUSINESS/I  Clothing  Clothing  First, Middle, Malden Surname Fowler  Number, City or Rown, State, 20c. LOCATION Finks  Y Home St., Hamp	USA  14. RACE — American Indian, Black, White, atc. Specify: White  INDUSTRY  In dustry  Zip Code) 21157 nster. Md. — City or Town, State burg, Md.  Stead. Md.210 arreat, Approximate										
11. MARITAL STATUS 1 Never Married 2 Married 3. EXMINORMAN 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO SPECIFY:  15. DECEDENT'S EDUCATION (Give kind of work done during most of working life. Do NOT use retired.)  16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)  17. FATHER'S NAME (First, Middle, Last)  18. MOTHER'S NAME (First, Middle, Last)  19. MAILING ADDRESS (Street and Number or Rural Route Mr. Richard L. Coppersmith 7 Westmoreland State A Donation 6 Other (Specify)  20a. METHOD OF DISPOSITION 1 Burlet 2 Cremetton 3 Removal from State Donation 6 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITE Eline Funera shock, or heart failure. List only one ceuse on each line.  IMMEDIATE CAUSE (Finel diseases or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):	Clothing Clothing Clothing First, Middle, Melden Surneme Fowler Number, City or Town, Stets. Westmin 20c. LOCATION Finks Y Home St., Hamp	Industry  Zip Code) Ster, Md.  City or Town, State  burg, Md.  Stead. Md.210  arreat, Approximate										
Second composition   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:	Clothing Clothing First, Middle, Melden Surname Fowler Number, City or Rown, State, Westmin 200. LOCATION Finks Hamp	Specify: White INDUSTRY  Industry  Zip Code) Ster. Md.  - City or Town, State burg, Md.  Stead. Md.210  arreat, Approximate										
15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12) 6th grade  17. FATHER'S NAME (First, Middle, Lest)  John Coppersmith  19a. INFORMANT'S NAME (Type/Print)  Mr. Richard L. Coppersmith 7 Westmoreland St  20a. METHOD OF DISPOSITION 1 A Burdel 2 Cremation 3 Removal from State 4 Donation 6 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICENSEE  **Leven U. Elina  23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as abook, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):	Clothing First, Middle, Melden Surneme Fowler Number, City or Town, Stete. 5., Westmin 20c. LOCATION Finks 1 Home St., Hamp	Industry  Industry  Zip Code) 21157  nster. Md.  - City or Town, State burg. Md.  stead. Md.210  arreat, Approximate										
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Clothing  17. FATHER'S NAME (First, Mickin, Lest)  John Coppersmith  19a. INFORMANT'S NAME (Type/Print)  19b. MAILING ADDRESS (Street and Number or Fural Route  Mr. Richard L. Coppersmith 7 Westmoreland St  20a. METHOD OF DISPOSITION  1 St Burlet 2 Cremetion 3 Removal from State  4 Constant 6 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICENSEE  **Method of Disposition (Name of cernatury, cremetory or other place)  Evergreen Mem. Gardens  21. SIGNATURE OF FUNERAL SERVICE LICENSEE  **Method of Disposition (Name of cernatury, cremetory or other place)  Evergreen Mem. Gardens  22. NAME AND ADDRESS OF FACILITE  Eline Funera  934 S. Main  23. PART I. Enter the diseases, or complications that caused tha deeth. Do not enter the mode of dying, such as abook, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):	Fowler Number City or Rown, State, Westmin 200. LOCATION Finks Hamp	zip Code) 21157 nster, Md, - City or Town, State burg, Md, stead, Md, 210 arreat, Approximate										
17. FATHER'S NAME (First, Middle, Last)  19. MOTHER'S NAME (First, Middle, Last)  19. MAILING ADDRESS (Street and Number or Rural Route  Mr. Richard L. Coppersmith 7 Westmoreland St  20e. METHOD OF DISPOSITION 1 & Burtel 2 Cremetion 3 Removal from State 4 Donation 6 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILIT  Eline Funera  934 S. Main  23. PART I. Enter the diseases, pr complications that caused the death. Do not enter the mode of dying, such as abock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Finel disease or condition reculting in death)  DUE TO (OR AS A CONSEQUENCE OF):	Fowler Number City or Rown, State, Westmin 200. LOCATION Finks Hamp	zip Code) 21157 nster. Md City or Town, State burg. Md. stead. Md.210 arreat, Approximate										
196. INFORMANT'S NAME (Type/Print)  Mr. Richard L. Coppersmith 7 Westmoreland St  20e. METHOD OF DISPOSITION  120e. PLACE OF DISPOSITION (Name of cornetory, crematory or other place)  4 Donation 6 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICENSEE  **Steven** U. Eliza**  22. NAME AND ADDRESS of FACILITE  Eline Funera  934 S. Main  23. PART I. Enter the diseases, Dr complications that caused the death. Do not enter the mode of dying, such as abook, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Finel diseases or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):	Number City or Nown, Steels.  Westmin 20c. LOCATION Finks Thome St., Hamp	nster. Md.  - City or Town, State burg. Md.  stead. Md.210  arrest, Approximate										
Mr. Richard L. Coppersmith 7 Westmoreland St  20e. METHOD OF DISPOSITION  1	Westmin 200. LOCATION Finks Thome St., Hamp	nster. Md.  - City or Town, State burg. Md.  stead. Md.210  arrest, Approximate										
20a. METHOD OF DISPOSITION  1 St Burlel 2 Cremetton 3 Removal from State  4 Donation 6 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITE Fine Funera  23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):	200. LOCATION Finks I Home St., Hamp	burg, Md.  stead. Md.210  arrest, Approximate										
1  Suriel 2 Cremetion 3 Removal from State 4 Donation 6 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILIT Elline Funera 934 S. Main  23. PART I. Enter the diseases, Dr complications that caused the death. Do not enter the mode of dying, such as abock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Finel diseases or condition resulting in death)  23. PART I. Enter the diseases, Dr Complications that caused the death. Do not enter the mode of dying, such as abock, or heart failure. List only one cause on each line.  Chamic Obstructive Rulman Due to (OR AS A CONSEQUENCE OF):	Finks Thome St., Hamp	burg, Md. stead. Md.210										
21. SIGNATURE OF FUNERAL SERVICE LICENSEE  **Diever W. Elize**  22. NAME AND ADDRESS OF FACILITY Eline Funera 934 S. Main  23. PART I. Enter the diseases, pr complications that caused the death. Do not enter the mode of dying, such as abook, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Finel diseases or condition resulting in death)  • Chamic Obstructive Rulman Due to (or as a consequence of):	v 1 Home St., Hamp	stead. Md.210										
23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as abook, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):	St., Hamp	arrest, Approximate										
23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as abock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):		arrest, Approximate										
	my Discos	disease or condition Cham. Obstantine the land of the chamber of the chamber of the chamber of the chamber of the chamber of the chamber of the chamber of the chamber of the chamber of the chamber of the chamber of the chamber of the chamber of the chamber of the chamber of the chamber of the chamber of the chamber of the chamber of the chamber of the chamber of the chamber of the chamber of the chamber of the chamber of the chamber of the chamber of the chamber of the chamber of the chamber of the chamber of the chamber of the chamber of the chamber of the chamber of the chamber of the chamber of the chamber of the chamber of the chamber of the chamber of the chamber of the chamber of the chamber of the chamber of the chamber of the chamber of the chamber of the chamber of the chamber of the chamber of the chamber of the chamber of the chamber of the chamber of the chamber of the chamber of the chamber of the chamber of the chamber of the chamber of the chamber of the chamber of the chamber of the chamber of the chamber of the chamber of the chamber of the chamber of the chamber of the chamber of the chamber of the chamber of the chamber of the chamber of the chamber of the chamber of the chamber of the chamber of the chamber of the chamber of the chamber of the chamber of the chamber of the chamber of the chamber of the chamber of the chamber of the chamber of the chamber of the chamber of the chamber of the chamber of the chamber of the chamber of the chamber of the chamber of the chamber of the chamber of the chamber of the chamber of the chamber of the chamber of the chamber of the chamber of the chamber of the chamber of the chamber of the chamber of the chamber of the chamber of the chamber of the chamber of the chamber of the chamber of the chamber of the chamber of the chamber of the chamber of the chamber of the chamber of the chamber of the chamber of the chamber of the chamber of the chamber of the chamber of the chamber of the chamber of the chamber of the chamber of the chamber of the chamber of t										
Sequentielty list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  b. DUE TO (OR AS A CONSEQUENCE OF):  c. DUE TO (OR AS A CONSEQUENCE OF):												
PART II. Other algnificent conditions contributing to death but not resulting in the underlying cause given in Part I.    Censil Fa.   Use   24b. WER AUTOPSY PINDING TO COMPLETION OF CAUSE OF DEATH?   1   YES 2   NO												
25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check cody one)												
28. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 DNO  1 D-mp[fittent 2   ER/Outpettent 3   DOA   4   Nursing Home 5   Residence 6   Other (Specify)												
27. MANNER OF DEATH  28a. DATE OF INJURY (Month, Day, Year)  26b. TIME OF 28c. INJURY AT WORK?  M 1 YES 2 NO	d. DESCRIBE HOW INJURY	OCCURED										
a   recording	I. LOCATION (Street and Num City or Town, State)	nber or Rural Route Number,										
29s. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the time one)  2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time.												
296. SIONATURE AND TITLE OF CERTIFIED  296. LICENSE NUMBER  296. LICENSE NUMBER  297. LICENSE NUMBER  297. LICENSE NUMBER  297. LICENSE NUMBER  297. LICENSE NUMBER  297. LICENSE NUMBER  296. LICENSE NUMBER  297. LICENSE NUMBER  296. LICENSE NUMBER  297. LICENSE NUMBER  296. LICENSE NUMBER  297. LICENSE NUMBER  296. LICENSE NUMBER  297. LICENSE NUMBER  296. LICENSE NUMBER  297. LICENSE NUMBER  296. LICENSE NUMBER  297. LICENSE NUMBER  296. LICENSE NUMBER  297. LICENSE NUMBER  297. LICENSE NUMBER  297. LICENSE NUMBER  298. LICENSE NUMBER  297. LICENSE NUMBER  297. LICENSE NUMBER  298. LICENSE NUMBER  297. LICENSE NUMBER  297. LICENSE NUMBER  297. LICENSE NUMBER  297. LICENSE NUMBER  298. LICENSE NUMBER  297. LICENSE NUMBER  298. LICENSE NUMBER  298. LICENSE NUMBER  298. LICENSE NUMBER  298. LICENSE NUMBER  298. LICENSE NUMBER  298. LICENSE NUMBER  298. LICENSE NUMBER  298. LICENSE NUMBER  298. LICENSE NUMBER  298. LICENSE NUMBER  298. LICENSE NUMBER  298. LICENSE NUMBER  298. LICENSE NUMBER  298. LICENSE NUMBER  298. LICENSE NUMBER  298. LICENSE NUMBER  298. LICENSE NUMBER  298. LICENSE NUMBER  298. LICENSE NUMBER  298. LICENSE NUMBER  298. LICENSE NUMBER  298. LICENSE NUMBER  298. LICENSE NUMBER  298. LICENSE NUMBER  298. LICENSE NUMBER  298. LICENSE NUMBER  298. LICENSE NUMBER  298. LICENSE NUMBER  298. LICENSE NUMBER  298. LICENSE NUMBER  298. LICENSE NUMBER  298. LICENSE NUMBER  298. LICENSE NUMBER  298. LICENSE NUMBER  298. LICENSE NUMBER  298. LICENSE NUMBER  298. LICENSE NUMBER  298. LICENSE NUMBER  298. LICENSE NUMBER  298. LICENSE NUMBER  298. LICENSE NUMBER  298. LICENSE NUMBER  298. LICENSE NUMBER  298. LICENSE NUMBER  298. LICENSE NUMBER  298. LICENSE NUMBER  298. LICENSE NUMBER  298. LICENSE NUMBER  298. LICENSE NUMBER  298. LICENSE NUMBER  298. LICENSE NUMBER  298. LICENSE NUMBER  298. LICENSE NUMBER  298. LICENSE NUMBER  298. LICENSE NUMBER  298. LICENSE NUMBER  298. LICENSE NUMBER  298. LICENSE NUMBER  298. LICENSE NUMBER  298. LICENSE NUMBER  298. LICENSE NUMBER  298. LICENSE NUMBER  298. LICENSE		DATE BIGNEO (Month, Day, Year)										

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

Charles

J.

Bier, M.

D.,

	1 - STATE REGISTRAR 1. DECEDENT'S NAME (First, Middle, Lest)		CI	ERTIF	ICAT	E OF	DEA	ГН		REG. NO			
	1. DECEDENT S NAME (FIRST, MICONS, LIST)	Llo	yd E.	Chu	nch				MONT		190	YEAR	3. TIME OF DEATH  8:30 A M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les		IF UNDE	R 1 YEAR	IF UNDER		7. DATE	OF BIRTH		8. BIRTH	IPLACE (State or Foreign
	213-20-8779	1 📈 M 2 🗌 F	70	YRS.	MONTHS	DAYS	HOURE	MIN.	Sept	25, 19	919	West	"Virginia
	9a. FACILITY NAME (If not institution, give st	reet and number)			9b. CIT	Y, TOWN C	R LOCATI	ON OF DE				NTY OF D	
9	Potomac Valley Nu	ursing Ho	me		Ro	ockv:	ille				Mor	tgon	nery
2	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY	,		10c. CIT	Y, TOWN	OR LOCAT	ION						10d, INSIDE CITY
- DIRECTOR	Maryland Monto	gomery		Bet	these	_							1 X YES 2 NO
FUNERAL	7709 Beech Tree R	load				101	208						States
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2 1		13.	If yes, sp		in, Mexica	n, Puarto	t? (Specify Yes Rican, etc.)	or No	14. RACI Black Space	E — American Indian, k, Whita, atc. #y: White
ED	15. DECEDENT'S EDUC (Specify only highest grade		16a, DE	ECEDENT'S	USUAL C	CCUPATIO	ON and susception		161	. KIND OF BU	SINESS/IN	DUSTRY	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 8 -	Alfa-	. Do NOT u	se retired.)	rgeor		ng		Dentis	strv		
OM	17. FATHER'S NAME (First, Middle, Last)					900.	_	HER'S NA	ME (First,	Middle, Maiden		_	
BEC	Howard Church						Mar	y Na	omi	Hender	son		
TO B	19a, INFORMANT'S NAME (Type/Print)									ber, City or Tow		p Code)	
=	Hildegard C. Chur	rch							Bethe	esda, M		20817	
	20a. METHOD OF DISPOSITION  1 □ Burlal 2 ◯ Cremation 3 □ Remarks 4 □ Donation 5 □ Other (Specify)	oval from State	20b. PLACE other portion of the portion of the portion of the portion of the portion of the portion of the portion of the portion of the portion of the portion of the portion of the portion of the portion of the portion of the portion of the portion of the portion of the portion of the portion of the portion of the portion of the portion of the portion of the portion of the portion of the portion of the portion of the portion of the portion of the portion of the portion of the portion of the portion of the portion of the portion of the portion of the portion of the portion of the portion of the portion of the portion of the portion of the portion of the portion of the portion of the portion of the portion of the portion of the portion of the portion of the portion of the portion of the portion of the portion of the portion of the portion of the portion of the portion of the portion of the portion of the portion of the portion of the portion of the portion of the portion of the portion of the portion of the portion of the portion of the portion of the portion of the portion of the portion of the portion of the portion of the portion of the portion of the portion of the portion of the portion of the portion of the portion of the portion of the portion of the portion of the portion of the portion of the portion of the portion of the portion of the portion of the portion of the portion of the portion of the portion of the portion of the portion of the portion of the portion of the portion of the portion of the portion of the portion of the portion of the portion of the portion of the portion of the portion of the portion of the portion of the portion of the portion of the portion of the portion of the portion of the portion of the portion of the portion of the portion of the portion of the portion of the portion of the portion of the portion of the portion of the portion of the portion of the portion of the portion of the portion of the portion of the portion of the portion of the portion of the portion of the port	lecel .				metory or				City or To	own, State
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE			22.	NAME A	D ADDRE						.6,
	· Ellen 7	V. Re	ipp		93	33 G	ist /	lveni	ie, S	ices, l Silver	Spri	ing.	MD 20910
	23. PART i. Enter the diseases, pro ahock, or heart failure.	complications the	t caused the dese on each line	eth. Do	not ante	r tha mo	de of dy	ing, auc	h aa can	diac or respi	ratory ar	rest,	Approximate Interval Batween
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	Alzha	imer's d	line	44								Onset and Death
	resulting in death)	DUE TO	(OR AS A CONSE	OUENCE C	F):								8 months
Z	Sequentially list conditions,	. Geret	Demen	TA									of months
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING	DUE TO	(OR AS A CONSE	OUENCE C	F):								
FIC	CAUSE (Disease or Injury that initiated events	c. DUE TO	(OR AS A CONSE	OUENCE C	F):								
E	resulting in death) LAST	4											
	DART II Other elevidices condition	a contail with a to	double bod out		I Alexandre								
CAL	PART II. Other algnificant condition		- Dut not	resulting	in the u	noariyin	g cause	given in	Part I.	24s. WAS AN PERFOR		248	MAILABLE PRIOR TO COMPLETION OF CAUSE
8	Cemerovascular	BUCKIEWY	-							1 YES 2	NO K		OF DEATH?
Σ													1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL					26. PI	ACE OF I	DEATH (C)	eck only o	ne)			
Sic	EXAMINER?	HOSPITAL:	ER/Outpetient :	3 DOA	OTHE	R:				er (Specify)			
H	27. MANNER OF DEATH	28a, DATE OF	INJURY	28b. TII	AE OF	28c. IN.	URY AT			SCRIBE HOW	NJURY O	CCURED	
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, D	wy, rear)		M		YES 2	NO					
	3 Suicide 8 Could not be determined	28e. PLACE O building,	F INJURY At he atc. (Specify)	ome, ferm,	street, fac	ctory, offic	•			CATION (Street or Town, State)		or Flural	Route Number,
COMPLETED	29a, CERTIFIER 1 VI CERTIFYING PHYSI	CIAN: To the heat -	my knowledge +	anth acres	and at the	Name 4-1	and of		40.44	wastet *		4-4	
MP	(Check only one) 2 MEDICAL EXAMINE												a) and manner as stated
	295, SIGNAFTINE AND TITLE OF CONTINUE		-+13.III/BC					ENSE NU					
BE	Challetthin	MM							7 - D	c .			o (Month, Day, Year)
5	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAU	SE OF DEATH (ITE	EM 27) (Typ	a, Print)			/7	) J)		- 00		3 0, 2770

2440 M Street, NW,

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#810, Washington, DC

10			0	DIVISION OF VITAL RECORDS, P.O. BOX 13146	SIG	Z	OF	>	TAL	Œ	E C	OR	DS	0.	o.	BO	×	131	4
)	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed	HOSPIT	AL C	H AL	LEND	ING F	N-N-Si	CIAN	The The	aw n	equire	is tha	the	death	Cent	heate	90	xecute	8
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and com	3HL 01	FUNER	AL D	IRECT	OR: A	After 1	this ce	ertifica	ate ha	s be	en sig	peul	by the	after	duip	physic	cian	and co	5
1	pe filed	within .	72 ho	DUITS 3	fter d	leath	with 1	he Si	late D	ept.	of Hea	afth a	nd M	ental	Hygie	ne pri	or 10	puria	-
	MADORIANT Miles 28 is marked or Hem 23 shows any injury or ofther traumatic on	TAMT	16 30.	C una	01	ac us	had	ar it	and a	22 €	hause	Mar 4	init	0 70	r oft	er tr	Taur.	atte	8

	FOR 1 - STATE REGISTRAR	STATE OF MARY		MENT OF HEA		MENTAL HYGIE		7-12 22
	1. DECEDENT'S NAME (First, Middle, Las	HENRY RAYMON	D DAME			2. DATE OF DEATH MONTH		A
DIRECTOR	4. SOCIAL SECURITY NUMBER  213-38-4462  9a. FACILITY NAME (If not Institution, give	1 M 2 F	79 YRS.	7	F UNDER 24 HRS. OURS MIN.	7. DATE OF BIRTH (Month, Day, Year) MAY 15	C	IRTHPLACE (State or Foreign ouritry) MINNESOTA
	NATIONAL NAVAL MEDICAL CENTER BETH					EATH .		TGOMERY
DIREC	10a. STATE 10b. COU	NTGOMERY	10c. CITY,	TOWN OR LOCATION				10d. INSIDE CITY LIMITS? 1 YES 2 X NO
FUNERAL	100. STREET AND NUMBER 5413 LAMBETH RO	OAD		101. 21	2081	4		ED STATES
8	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 TYPES IF YES, GIVE WAR OR 1941-196	2 NO DATES	If yes, specif	DENT OF HISPAI	IIC ORIGIN? (Specify on, Puerto Ricen, etc.)	Yes or No- 14. F	RACE American Indian, Black, Whita, etc. Specify: WHITE
LETED	15. OECEDENT'S E (Specify only highest gn Elementary/Secondary (0-12)	DUCATION ade completed) Coflege (1-4 or 5 +)	16a. DECEDENT'S US (Give kind of wor life. Do NOT use i	k done during most o retired.)	f working	16b. KIND OF I	BUSINESS/INOUSTF	NY .
E COMPLET	17. FATHER'S NAME (First, Middle, Lest)  CLARENCE ST	5+ UART DAME	ATTO	PRNEY		LAW ME (First, Middle, Maid ANNE JOSE		URGERIE
examiner must be notified at once.  TO BE COM	19a. INFORMANT'S NAME (Type/Print) LORELEI H. DAME					Poute Number, City or 1		
Welling III	1 X Buriel 2 Cremetion 3 R 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE	emoval from State	ARLINGTON M00381	NATIONAL 22. NAME AND HOME/BI	CEMET ACCRESS OF FA	ERY AF	A. PUMI	VIRGINIA PHREY FUNERAL 7557 WISCONS
shows any injury, or other traumatic event, the medical : MEDICAL CERTIFICATION	23. PART I. Enter the diseases, a shock, or heart failur immediate (Final disease or condition resulting in deeth)  Sequentially flat conditions, H any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. RENAL I DUE TO (OR AS  DUE TO (OR AS  C.	NSUFFICIEN A CONSEQUENCE OF):  IC CARCING A CONSEQUENCE OF):  A CONSEQUENCE OF):	ICY				Approximate Interval Betwee Onaet and Deal
	PART II. Other significant condit	ause given in	PERF	AN AUTOPSY FORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 X YES 2 NO			
YSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 X NO							
>	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b, TIME	OF 28c. INJUR WORK	Y AT	28d. DESCRIBE HO	W INJURY OCCURE	D
TED	3 Suicide 8 Could not determined	e 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)						
COMPLET	000)	YSICIAN: To the best of my kno						use(a) and manner as stated,
TO BE COMPLE	296. SIGNATURE AND TITLE OF CERTIFICATION OF CERTIFICATION OF CERTIFICATION OF CERTIFICATION OF CERTIFICATION OF CERTIFICATION OF CERTIFICATION OF CERTIFICATION OF CERTIFICATION OF CERTIFICATION OF CERTIFICATION OF CERTIFICATION OF CERTIFICATION OF CERTIFICATION OF CERTIFICATION OF CERTIFICATION OF CERTIFICATION OF CERTIFICATION OF CERTIFICATION OF CERTIFICATION OF CERTIFICATION OF CERTIFICATION OF CERTIFICATION OF CERTIFICATION OF CERTIFICATION OF CERTIFICATION OF CERTIFICATION OF CERTIFICATION OF CERTIFICATION OF CERTIFICATION OF CERTIFICATION OF CERTIFICATION OF CERTIFICATION OF CERTIFICATION OF CERTIFICATION OF CERTIFICATION OF CERTIFICATION OF CERTIFICATION OF CERTIFICATION OF CERTIFICATION OF CERTIFICATION OF CERTIFICATION OF CERTIFICATION OF CERTIFICATION OF CERTIFICATION OF CERTIFICATION OF CERTIFICATION OF CERTIFICATION OF CERTIFICATION OF CERTIFICATION OF CERTIFICATION OF CERTIFICATION OF CERTIFICATION OF CERTIFICATION OF CERTIFICATION OF CERTIFICATION OF CERTIFICATION OF CERTIFICATION OF CERTIFICATION OF CERTIFICATION OF CERTIFICATION OF CERTIFICATION OF CERTIFICATION OF CERTIFICATION OF CERTIFICATION OF CERTIFICATION OF CERTIFICATION OF CERTIFICATION OF CERTIFICATION OF CERTIFICATION OF CERTIFICATION OF CERTIFICATION OF CERTIFICATION OF CERTIFICATION OF CERTIFICATION OF CERTIFICATION OF CERTIFICATION OF CERTIFICATION OF CERTIFICATION OF CERTIFICATION OF CERTIFICATION OF CERTIFICATION OF CERTIFICATION OF CERTIFICATION OF CERTIFICATION OF CERTIFICATION OF CERTIFICATION OF CERTIFICATION OF CERTIFICATION OF CERTIFICATION OF CERTIFICATION OF CERTIFICATION OF CERTIFICATION OF CERTIFICATION OF CERTIFICATION OF CERTIFICATION OF CERTIFICATION OF CERTIFICATION OF CERTIFICATION OF CERTIFICATION OF CERTIFICATION OF CERTIFICATION OF CERTIFICATION OF CERTIFICATION OF CERTIFICATION OF CERTIFICATION OF CERTIFICATION OF CERTIFICATION OF CERTIFICATION OF CERTIFICATION OF CERTIFICATION OF CERTIFICATION OF CERTIFICATION OF CERTIFICATION OF CERTIFICATION OF CERTIFICATION OF CERTIFICATION OF CERTIFICATION OF CERTIFICATIO	Q.	DEATH (ITEM 27) (Type P		D-3746		101	- 08 - 90
	S. V. LEWINSKI, 31. DATE FILED (Month, Day, Year)	LT, MC, USN	NATURE	BETHE		20814-5		N.
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	1. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 no	L DIRECTOR: After this certificate has been signed by the attending physician and completely filled	hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or
S	P	108	after
>	A	SEC.	2
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FOR 1 - STATE REGISTRAR	STATE OF MARY		RTMENT OF			GIENE G. NO.			
1. DECEDENT'S NAME (First, Middle, LI ENOCH	1	AFAYETT		ICK,sr.	2. DATE OF DE MONTH	ATH	3. TIME OF DEATH 3. TIME OF DEATH M		
4. SOCIAL SECURITY NUMBER 532167548	3 1×42 0 F 7	E (In yrs. lest birthday)  3 YRS.	F UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HMS. HOURS MIN.	7. DATE OF BIR (Month, Day, 11-05	1916	BIRTHPLACE (State or Foreign Country) Tennessee		
90. FACILITY NAME (If not institution, 9 Howard Count RESIDENCE OF DECEDENT	y General H	y General Hospital Columbia					ard		
	Baltimore		ry, TOWN OR LOC 11icot	t City			10d. INSIDE CITY LIMITS? 1 YES 2 XNO		
156 Frederic 1. MARITAL STATUS 1. Navor Married 2 XMarried	k Road			on. ZIP CODE 21043			S.A.		
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 XYES IF YES, GIVE WAR OR	8 2 NO	If yes,	CENDENT OF HISPA specify Cuben, Mexico S X(XNO Specific	n, Puerto Rican,	cify Yee or No— 1- etc.)	Specify: White		
15. DECEDENT'S (Specify only highest of Elementary/Secondary (0-12) UNK 17. FATHER'S NAME (First, Middle, Lest	EDUCATION practic completed)  College (1-4 or 5+)  NOWN	18a. DECEDENT'S (Give kind of life. Do NOT u	work done during i se retired.)	TION nost of working		of Business/INDUS			
Frederick	D. Derrick				M. Al	Maiden Sumame)			
190. INFORMANT'S NAME (Type/Print) L.Eleanor Der	rick			ick Rd.					
20a. METHOD OF DISPOSITION 1 Surial 2XX remation 3 4 Donation 5 Other (Specify)	Removal from State	altimor			Crem.	20c. LOCATION — CI Laure	y or Town, State  1, Maryland		
21. SIGNATURE OF FUNERAL SERVICE	LICENSEE Slevel	M0053		Ellicot	F .	O. Box ,Maryla			
23. PART I. Enter the diseases, shock, or heart falls iMMEDIATE CAUSE (Final disease or condition resulting in death)	ura. List only ona cause on	aach line.				r reapiratory arres	Approximate interval Batween Onset and Death		
Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury	if any, leading to immediate cause. Enter UNDERLYING  CAUSE (CHOSE OF):  METASTATIC COLON CARCE NOME.								
that initiated events resulting in death) LAST									
PART II. Other aignificent conditions contributing to death but not resulting in the underlying ceuse given in Part I.  24e. WAS AN AUTOPSY PERFORMED?  1 □ YES 21 □ NO							24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  HOSPITAL:  OTMED:									
25. WAS CASE REFERRED TO MEDICA EXAMINER?  1  YES 2 MO  27. MANNER OF DEATH	HOSPITAL: 11/2 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify)  28- DATE OF INJURY 28- DATE OF INJURY						neo.		
1 Natural 5 Pending Investigat	(Month, Day, Year								
3 Suicide 8 Could not	ind not be building, etc. (Specify) City or Town Stat						et end Number or Rural Route Number, te)		
deal .	PHYSICIAN: To the best of my known in the basic of examinate								
295. SIGNATURE AND TITLE OF CENT				29c. LICENSE NU	BSC	29d. DATE	SIGNED (Month, Day, Year)		
30. NAME AND ADDRESS OF PERSON  REAL TO STATE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF TH	N WHO COMPLETED CAUSE OF I	McD.	1/0350	Style 1	Paters	ut Alex	(01, hus 2008		

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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

EET AND NUMBER  ALL STATUS  WERE MARTING  WERE MARTING  WERE MARTING  (Specify only highest or  emisry/Secondary (0-12)  12  ER'S NAME (First. Middle, Last)  CENT DIPIC  DRMANT'S NAME (Type/Print)  ETTY W. DII  THOD OF DISPOSITION  THOL OF DISPOSITION  THOL OF DISPOSITION  THOL OF DISPOSITION  THOL OF DISPOSITION  THOL OF DISPOSITION  THOL OF DISPOSITION  THOL OF DISPOSITION  ATURE OF FUNERAL MINIOE  RT I. Enter the diseases, of	s. SEX t M 2   F ve street and number) Cenfer  INTY e Arundel  12. WAS DECEDENT I FORCES? 13 IF YES, CAME WAS 1 9 5 4 - ( COUCATION rade completed)  College (1-4 or 5+) 4 etro  Pietro  tamoval from State	EVER IN U.S. ARM  X YES 2 NO R OR DATES 6 3  16a. DECI (Give Ille, L  19b. 1 (  20b. 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YES 2   NG) NER OF DEATH William 5   Pending Investigati Suicide 8   Could not determine	VES 2 NO Impatient 2 Impatient 2 Impatient 2 Impatient 2 Impatient 2 Impatient 2 Impatient 2 Impatient 2 Impatient 2 Impatient 2 Impatient 2 Impatient 2 Impatient 2 Impatient 2 Impatient 2 Impatient 2 Impatient 2 Impatient 2 Impatient 2 Impatient 2 Impatient 2 Impatient 2 Impatient 2 Impatient 2 Impatient 2 Impatient 2 Impatient 2 Impatient 2 Impatient 2 Impatient 2 Impatient 2 Impatient 2 Impatient 2 Impatient 2 Impatient 2 Impatient 2 Impatient 2 Impatient 2 Impatient 2 Impatient 2 Impatient 2 Impatient 2 Impatient 2 Impatient 2 Impatient 2 Impatient 2 Impatient 2 Impatient 2 Impatient 2 Impatient 2 Impatient 2 Impatient 2 Impatient 2 Impatient 2 Impatient 2 Impatient 2 Impatient 2 Impatient 2 Impatient 2 Impatient 2 Impatient 2 Impatient 2 Impatient 2 Impatient 2 Impatient 2 Impatient 2 Impatient 2 Impatient 2 Impatient 2 Impatient 2 Impatient 2 Impatient 2 Impatient 2 Impatient 2 Impatient 2 Impatient 2 Impatient 2 Impatient 2 Impatient 2 Impatient 2 Impatient 2 Impatient 2 Impatient 2 Impatient 2 Impatient 2 Impatient 2 Impatient 2 Impatient 2 Impatient 2 Impatient 2 Impatient 2 Impatient 2 Impatient 2 Impatient 2 Impatient 2 Impatient 2 Impatient 2 Impatient 2 Impatient 2 Impatient 2 Impatient 2 Impatient 2 Impatient 2 Impatient 2 Impatient 2 Impatient 2 Impatient 2 Impatient 2 Impatient 2 Impatient 2 Impatient 2 Impatient 2 Impatient 2 Impatient 2 Impatient 2 Impatient 2 Impatient 2 Impatient 2 Impatient 2 Impatient 2 Impatient 2 Impatient 2 Impatient 2 Impatient 2 Impatient 2 Impatient 2 Impatient 2 Impatient 2 Impatient 2 Impatient 2 Impatient 2 Impatient 2 Impatient 2 Impatient 2 Impatient 2 Impatient 2 Impatient 2 Impatient 2 Impatient 2 Impatient 2 Impatient 2 Impatient 2 Impatient 2 Impatient 2 Impatient 2 Impatient 2 Impatient 2 Impatient 2 Impatient 2 Impatient 2 Impatient 2 Impatient 2 Impatient 2 Impatient 2 Impatient 2 Impatient 2 Impatient 2 Impatient 2 Impatient 2 Impatient 2 Impatient 2 Impatient 2 Impatient 2 Impatient 2 Impatient 2 Impatient 2 Impatient 2 Impatient 2 Impatient 2 Impatient	MINER? 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YES 2 THO YES 2 THO YES 2 THO YES 2 THO YES 2 THO YES 2 THO YES 2 THO YES 2 THO YES 2 THO YES 2 THO YES 2 THO YES 2 THO YES 2 THO YES 2 THO YES 2 THO YES 2 THO YES 2 THO YES 2 THO YES 2 THO YES 2 THO YES 2 THO YES 2 THO YES 2 THO YES 2 THO YES 2 THO YES 2 THO YES 2 THO YES 2 THO YES 2 THO YES 2 THO YES 2 THO YES 2 THO YES 2 THO YES 2 THO YES 2 THO YES 2 THO YES 2 THO YES 2 THO YES 2 THO YES 2 THO YES 2 THO YES 2 THO YES 2 THO YES 2 THO YES 2 THO YES 2 THO YES 2 THO YES 2 THO YES 2 THO YES 2 THO YES 2 THO YES 2 THO YES 2 THO YES 2 THO YES 2 THO YES 2 THO YES 2 THO YES 2 THO YES 2 THO YES 2 THO YES 2 THO YES 2 THO YES 2 THO YES 2 THO YES 2 THO YES 2 THO YES 2 THO YES 2 THO YES 2 THO YES 2 THO YES 2 THO YES 2 THO YES 2 THO YES 2 THO YES 2 THO YES 2 THO YES 2 THO YES 2 THO YES 2 THO YES 2 THO YES 2 THO YES 2 THO YES 2 THO YES 2 THO YES 2 THO YES 2 THO YES 2 THO YES 2 THO YES 2 THO YES 2 THO YES 2 THO YES 2 THO YES 2 THO YES 2 THO YES 2 THO YES 2 THO YES 2 THO YES 2 THO YES 2 THO YES 2 THO YES 2 THO YES 2 THO YES 2 THO YES 2 THO YES 2 THO YES 2 THO YES 2 THO YES 2 THO YES 2 THO YES 2 THO YES 2 THO YES 2 THO YES 2 THO YES 2 THO YES 2 THO YES 2 THO YES 2 THO YES 2 THO YES 2 THO YES 2 THO YES 2 THO YES 2 THO YES 2 THO YES 2 THO YES 2 THO YES 2 THO YES 2 THO YES 2 THO YES 2 THO YES 2 THO YES 2 THO YES 2 THO YES 2 THO YES 2 THO YES 2 THO YES 2 THO YES 2 THO YES 2 THO YES 2 THO YES 2 THO YES 2 THO YES 2 THO YES 2 THO YES 2 THO YES 2 THO YES 2 THO YES 2 THO YES 2 THO YES 2 THO YES 2 THO YES 2 THO YES 2 THO YES 2 THO YES 2 THO YES 2 THO YES 2 THO YES 2 THO YES 2 THO YES 2 THO YES 2 THO YES 2 THO YES 2 THO YES 2 THO YES 2 THO YES 2 THO YES 2 THO YES 2 THO YES 2 THO YES 2 THO YES 2 THO YES 2 THO YES 2 THO YES 2 THO YES 2 THO YES 2 THO YES 2 THO YES 2 THO YES 2 THO YES 2 THO YES 2 THO YES 2 THO YES 2 THO YES 2 THO YES 2 THO YES 2 THO YES 2 THO YES 2 THO YES 2 THO YES 2 THO YES 2 THO YES 2 THO YES 2 THO YES 2 THO YES 2 THO YES 2 THO YES 2 THO YES 2 THO YES 2 THO YES 2 THO YES 2 THO YES 2 THO YES 2 THO YES 2 THO YES 2 THO	MINER? YES 2 MO  HOSPITAL:  Variety of DEATH  Nithural 5 Pending Investigation Suicide 8 Could not be determined  28a. PLACE OF INJURY — At home, farm, street, lactory, office building, atc. (Specify)  TIFIER CERTIFYINO PNYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due control of the suicide service of the suicide service of the suicide service of the suicide service of the suicide service of the suicide service of the suicide service of the suicide service of the suicide service of the suicide service of the suicide service of the suicide service of the suicide service of the suicide service of the suicide service of the suicide service of the suicide service of the suicide service of the suicide service of the suicide service of the suicide service of the suicide service of the suicide service of the suicide service of the suicide service of the suicide service of the suicide service of the suicide service of the suicide service of the suicide service of the suicide service of the suicide service of the suicide service of the suicide service of the suicide service of the suicide service of the suicide service of the suicide service of the suicide service of the suicide service of the suicide service of the suicide service of the suicide service of the suicide service of the suicide service of the suicide service of the suicide service of the suicide service of the suicide service of the suicide service of the suicide service of the suicide service of the suicide service of the suicide service of the suicide service of the suicide service of the suicide service of the suicide service of the suicide service of the suicide service of the suicide service of the suicide service of the suicide service of the suicide service of the suicide service of the suicide service of the suicide service of the suicide service of the suicide service of the suicide service of the suicide service of the suicide service of the suicide service of the suicide service of the suicide service o	MINER? 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YES 2   NO   HOSPITAL: YES 2   NO   HOSPITAL: YES 2   NO   HOSPITAL: YES 2   NO   HOSPITAL: YES 2   NO   HOSPITAL: YES 2   NO   HOSPITAL: YES 2   NO   HOSPITAL: YES 2   NO   HOSPITAL: YES 2   NO   HOSPITAL: YES 2   NO   HOSPITAL: YES 2   NO   HOSPITAL: YES 2   NO   HOSPITAL: YES 2   NO   HOSPITAL: YES 2   NO   HOSPITAL: YES 2   NO   HOSPITAL: YES 2   NO   HOSPITAL: YES 2   NO   HOSPITAL: YES 2   NO   HOSPITAL: YES 2   NO   HOSPITAL: YES 2   NO   HOSPITAL: YES 2   NO   HOSPITAL: YES 2   NO   HOSPITAL: YES 2   NO   HOSPITAL: YES 2   NO   HOSPITAL: YES 2   NO   HOSPITAL: YES 2   NO   HOSPITAL: YES 2   NO   HOSPITAL: YES 2   NO   HOSPITAL: YES 2   NO   HOSPITAL: YES 2   NO   HOSPITAL: YES 2   NO   HOSPITAL: YES 2   NO   HOSPITAL: YES 2   NO   HOSPITAL: YES 2   NO   HOSPITAL: YES 2   NO   HOSPITAL: YES 2   NO   HOSPITAL: YES 2   NO   HOSPITAL: YES 2   NO   HOSPITAL: YES 2   NO   HOSPITAL: YES 2   NO   HOSPITAL: YES 2   NO   HOSPITAL: YES 2   NO   HOSPITAL: YES 2   NO   HOSPITAL: YES 2   NO   HOSPITAL: YES 2   NO   HOSPITAL: YES 2   NO   HOSPITAL: YES 2   NO   HOSPITAL: YES 2   NO   HOSPITAL: YES 2   NO   HOSPITAL: YES 2   NO   HOSPITAL: YES 2   NO   HOSPITAL: YES 2   NO   HOSPITAL: YES 2   NO   HOSPITAL: YES 2   NO   HOSPITAL: YES 2   NO   HOSPITAL: YES 2   NO   HOSPITAL: YES 2   NO   HOSPITAL: YES 2   NO   HOSPITAL: YES 2   NO   HOSPITAL: YES 2   NO   HOSPITAL: YES 2   NO   HOSPITAL: YES 2   NO   HOSPITAL: YES 2   NO   HOSPITAL: YES 2   NO   HOSPITAL: YES 2   NO   HOSPITAL: YES 2   NO   HOSPITAL: YES 2   NO   HOSPITAL: YES 2   NO   HOSPITAL: YES 2   NO   HOSPITAL: YES 2   NO   HOSPITAL: YES 2   NO   HOSPITAL: YES 2   NO   HOSPITAL: YES 2   NO   HOSPITAL: YES 2   NO   HOSPITAL: YES 2   NO   HOSPITAL: YES 2   NO   HOSPITAL: YES 2   NO   HOSPITAL: YES 2   NO   HOSPITAL: YES 2   NO   HOSPITAL: YES 2   NO   HOSPITAL: YES 2   NO   HOSPITAL: YES 2   NO   HOSPITAL: YES 2   NO   HOSPITAL: YES 2   NO   HOSPITAL: YES 3   HOSPITAL: YES 3   HOSPITAL: YES 3   HOSPITAL: YES 3   HOSPITAL: YES 4   HOSPITAL: YES 4   HOSPITAL:

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1	-	STATE REGISTR	Α
Γ.	-	ECEDENT'S	м

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIFIC	CATE OF	DEATH	R	EG. NO.			
1. DECEDENT'S NAME (First, Middle, Lest)	1				2. DATE OF I	DAY	YEAR	3. TIME OF DEATH	
4. SOCIAL SECURITY NUMBER	DIXON B. AC	GE (In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF 8	9 DIRTH	90 1. BIRT	THPLACE (State or Foreign	
577-22-1292	1 🗆 M 2 🗶 F	86 YRS.	MONTHS DAYS	HOURS MIN.	0c4719	7/1903	Ma	ryland	
98. FACILITY NAME (If not institution, give street and number)  90. CITY, TOWN OR LOCATION OF DEATH  90. COUNTY OF DEATH  P. B. Co.  RESIDENCE OF DECEDENT									
10e. STATE 10b. COUNT	Y	10c. CITY,	TOWN OR LOCA	TION				10d, INSIDE CITY LIMITS?	
	ce George	Uppe	er Marll					1 TES 2 NO	
13610 Town Farm I			20	772		U	SA	WHAT COUNTRY?	
11. MARITAL STATUS  1 Never Married 2 Married  3 XWidowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 Y IF YES, GIVE WAR OF	ES 2 X NO	If yes, sp	ENDENT OF HISPAI ecify Cuben, Mexico 2 X NO Specif	n, Puerto Ricar		Ble	CE — American Indian, lock, White, atc.  white	
15. DECEDENT'S EDU (Specify only highest grad		16a. DECEDENT'S L	ork done during mo	ON est of working	16b, KJN	D OF BUSINES	S/INDUSTRY		
Elementary/Secondery (0-12)	College (1-4 or 5+)	homemake:				home		56/49	
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA			me)		
Charles E. Young		19b. MAILING	ADDRESS /Street	Annie ]			te Zin Code)		
Kenneth Dixon		100		ane Grei					
20a, METHOD OF DISPOSITION 1 \( \overline{A}\) Burial 2 \( \overline{C}\) Cremation 3 \( \overline{R}\) Ren 4 \( \overline{D}\) Donation 5 \( \overline{D}\) Other (Specify)	novel from State	20b. PLACE OF DISPOSI Cedar Hil	TION (Name of co	metery, crematory or		Suit1	N — City or		
21. SIGNATURE OF FUNERAL SERVICE LI	. Mulhol	In	Rober	nD ADDRESS OF FA		uneral	Home,	Inc.	
iMMEDIATE CAUSE (Final disease or condition resulting in death)	a. DUE TO (OR /	Spiration	pne	umonis	<u> </u>			Interval Between Onset and De Z day	
Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	C	AS A CONSEQUENCE OF				-			
PART II. Other significent condition	one contributing to dead	h but not reculting in	n the underlyin	g cause given in		n. WAS AN AUTO PERFORMED	?	4b. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUSI OF DEATH?	
								1 TES 2 NO	
25. WAS CASE REFERRED TO MEDICAL EXAMINER?				LACE OF DEATH (C	heck only one)				
1 YES 2 5-HO	HOSPITAL:	Outpetient 3 DOA	OTHER: 4 Nursing Hor	ne 5 🗆 Residence	6 Other (S)	pecify)			
27. MANNER OF DEATH  1 Natural 5 Pending	28e. DATE OF INJU (Month, Day, Ye		JRY W	JURY AT DRK? YES 2 NO	28d. DEŞCRI	BE HOW INJUR	Y OCCURED		
2 Accident Investigation 3 Suicide a Could not be datermined	28a PLACE OF IN I	URY — At home, farm, at Specify)	treet, factory, offi	20	281. LOCATIO	ON (Street and A bwn, State)	umber or Run	al Route Number,	
Ame)	SICIAN: To the best of my k							e(s) and manner as stated	
296. SIGNATURE AND TITLE OF CENTIFE	1) 4			29c. LICENSE NU	MBER	290	I. DATE SIGN	ED (Month, Day, Year)	
30. NAME AND ADDRESS OF PERSON W	THO COMPLETED CAUSE OF		Print)				1/1	0/90	
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S	BIGNATURE  Fandall							

THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the huneral director, page 5 should be detached for use as the burial-transit be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a flow death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit be filled within 72 hours after death with the State Dept. of Health and Memtal Hygien prior to burial, cremonal, he mendated exeminant must be anothered as necessary. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

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I	1
e notified at once.	
examiner must be	
event, the medica	
or other traumatic	
nows any injury, t	
item 23 sl	
marked, or	
INT: If item 28 is	
IMPORTANT:	

1 - FOR STATE REGISTRAR	STATE OF MARY	LAND / OEPARTM CERTIFICA	ENT OF HEALTH		NTAL HYGIEN	_		
1. DECEDENT'S NAME (First, I		ellie Doer	r		DATE OF DEATH		3. TIME OF DEATH 8.47/ M	
4. SOCIAL SECURITY NUMBE 167-12-5314	1 🗆 M 2 🔀 F	73 YRS. MON	THE DAYS HOURS	MIN. 08		16 Phi	l. PA	
SOUTHERN RESIDENCE OF DECI	11	P174 "	CITY, TOWN OR LOCAT	TOM OF DEATH				
Maryland	Anne Arundel	10c, CITY, TO Lothi	an an Location				10d. INSIDE CITY LIMITS? 1 YES 2 X NO	
100. STREET AND NUMBER 100 Mary Lo 11. MARITAL STATUS	u Drive		101, ZIP CO	<sup>DE</sup> 20711		109. CITIZEN OF U.S.	A.	
3 Wildowed 4 Divorce	I IF YES, GIVE WAR OR	8 2 NO	13. WAS DECENDENT If yes, specify Cut 1  YES 2 NO	ben, Mexican, P		Spec	E — American Indian, ik, White, etc. bily: Casian	
15. DECE (Specify only Elementary/Secondary (0-1 11+h 17. FATHER'S NAME (First, Mid	DENT'S EDUCATION highest grade completed)  2) College (1-4 or 5+)  N/A	16a, DECEDENT'S USU (Give kind of work life. Do NOT use red Homemaker	done during most of worl	king		SINESS/INDUSTRY		
	clie, Lest)	THE HEIST L			First, Middle, Meiden Gausta			
19a. INFORMANT'S NAME (7/4) Charles D	oe/Print)		PRESS (Street and Numbry Lou Driv	per or Rural Route	Number, City or Tow	m, State, Zip Code)		
20 METHOD OF DISPOSITION 2 Burial 2 Cremation 4 Donation 5 Other (		ob. PLACE OF DISPOSITION RESURFECTION				ecation - chy or to	own, State yland 20735	
Plum	SERVICE LICENSEE	2	22. NAME AND ADDR		ICC IC		me, Inc. nton, Md207	
ehock, or he IMMEDIATE CAUSE (Fine disease or condition resulting in deeth)  Sequentially list conditio if any, leading to immedicause. Enter UNDERLYIN CAUSE (Disease or injur that initiated events resulting in death) LAST	a. DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS	A CONSEQUENCY OF:	lrea Herris	A Co	used	iratory arrest,	Approximate Interval Between Onset and Death	
	t conditions contributing to death	but not resulting in ti	ne underlying ceuse	given in Par	t I. 24n. WAS AN PERFOI	RMED?	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
25. WAS CASE REFERRED TO EXAMINER?	MEDICAL  HOSPITAL: 1 Inpatient 2 - ER/OL		26. PLACE OF THER:	DEATH (Check				
27. MANNER OF DEATH  1 Annursi 5 P  1 Accident in	28a. DATE OF INJURY (Month, Day, Year) westigation	28b. TIME OF	28c. INJURY AT WORK? M 1 YES 2	□ NO 28	d. DESCRIBE HOW	INJURY OCCURED	Route Number.	
4 Homicide	etermined				City or Town, State			
(Check only one) 2 MEDIC	PYING PHYSICIAN: To the best of my know.  AL EXAMINER: On the basis of examinet.  DE PARTIFIER		my opinion, death occ		a, date and place, as		+	
27	XHIDAK	DEATH (ITEM 27) (350M, Pro	Unto	~	mal			
JAN 10 90	Julia Davidson	Mandall_						

BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	for 1 - STATE REGISTRAR	STATE OF MA			F HEALTH		MENTAL HYGIE REG. N		440		
0	1. DECEDENT'S NAME (First, Middle, Last)	Delugy, Y	Ellen D	ILWORT	Н		2. DATE OF DEATN	DAY 82	S. TIME OF DEATH  LOG A	М	
1	4. SOCIAL SECURITY NUMBER		AGE (In yrs. lest birthday)	IF UNDER 1 Y	EAR IF UNDER	24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	10	BIRTNPLACE (State or Foreign Country)		
-	220-09-9400  Sa. FACILITY NAME (If not institution, give atr		68 YRS.				Aug. 3,		aryland		
æ							AIN	9c. COUNTY	-		
6	Washington County		rstown			Washington					
DIRECTOR	10a. STATE 10b. COUNTY				, TOWN OR LOCATION				10d. INSIDE CITY LIMITS?		
	Maryland Washi	Maryland Washington H						1 ☑ YES 2 ☐			
FUNERAL	928 View Street				10f. ZIP CODE 21740				USA		
5	11. MARITAL STATUS	12. WAS DECEDENT E FORCES? 1		U.S. ARMED 13. WAS DECENDENT OF NISPANIC ORIGIN? (Sp.			IIC ORIGIN? (Specify )	? (Specify Yea or No.   14. RACE — American Inc			
BY F	1 Never Married 2 Married 2 Widowed 4 Divorced	IF YES, GIVE WAR		If yes, specify Cuban, Mexican, Puerto Rican, etc.)  1  YES 2 NO Specify:				Specify: White			
	15. DECEDENT'S EDUC		16a. DECEDENT	S USUAL OCCU	IPATION		16b. KIND OF B	USINESS/INDUS		-	
COMPLETED	(Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of	work done duri use retired.)	ng most of workli	ng					
MPI			secre	tary			church				
	17. FATNER'S NAME (First, Middle, Last)				1000		ME (First, Middle, Meidl ne Easton	in Surname)			
BE	Richard Rowland  19a. INFORMANT'S NAME (Type/Print)		19b. MAILIN	G ADDRESS (S			Route Number, City or To	own, State. Zip Co	ode)		
5	Mary Lynn Jenkins								Md. 21740		
	20a. METHOD OF DISPOSITION 1) Burial 2 Cremation 2 Remo	wal from State	20b. PLACE OF DISPO			metory or	20c, I	OCATION — CIT	y or Town, State		
	4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICE	ruere.	Rose Hill		ery ME AND ADDRE			gerstow	n, Md.		
	Signature of Forenat Service Lite	M		MIN	NICH FU	JNERA	AL HOME	gersto	wn, Md. 21740	0	
	23. PART I. Enter the diseases, or o	omplications that c	aused the death. Do					-	t, Approximate		
	shock, or heart fellure. I IMMEDIATE CAUSE (Final	list only one cause	on each line.	0_			46-		Interval Betwee		
	disease or condition resulting in death)	MAR	17 (resur								
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COMPL	0001	R: On the besis of axer	nination and/or investigat	lon, in my opir	ilon, death occu	red at the	time, data and place,	and due to the	cause(s) and manner as stated	l.	
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BALLIMORE, MARTLAND 21203-3146	ins after death. Page 6 may be retained by the hospital or attending physician.	ed in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pro removal.	medical examiner must be notified at once.	TO STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE ST
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within are after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this cardificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	HOLLEGISTED SOURCE STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF ST

1. DECEDENT'S NAME (First, Middle,	Lasty				2	DATE OF D	EATH DAY	YEAR	3. TIME OF DEATH
Glor	ia Dietrick					Ianuar		990	6:20AM
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lest birthde		YEAR IF UNDER	24 HBS 7	DATE OF B	BTH	6. BIRTH Countr	PLACE (State or Foreign
148 16 2767	1 🗆 M 2½ 🗀 F	63 YRS.	- WAITE	usi i nouns	Fe	eb. 20	,1926	1	New Jersey
9a. FACILITY NAME (If not institution	, give street and number)		9b. CITY, 1	TOWN OR LOCAT	ON OF DEAT	Н	9c. COL	INTY OF D	EATH
2615 Hughes Road Adelphi Mary							P	rince	George
RESIDENCE OF DECEDER	HTY, TOWN OR						10d. INSIDE CITY		
				1 4				LIMITS?	
	rge 2	2015 Ht	ughes R		метрг			1 TYES 2 NO	
10e. STREET AND NUMBER				101. ZIP COO	_				VHAT COUNTRY?
2615 Hughes				207				SA	
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1	TEVER IN U.S. ARMED YES 2 NO MAR OR DATES	H	NS DECENDENT ( yes, specify Cubi  YES 2 NO	en, Maxican, I		ecity Yes or No— , etc.)	14. RACE Black Speci	E — American Indian, t, White, etc. Ty: White
15. DECEDENT' (Specify only highes Elementary/Secondary (0-12) 1/12		Mn Do NO	of work done du use retired.)	CUPATION uring most of work	ing	18b. KINI	OF BUSINESS/IN	DUSTRY	
17. FATHER'S NAME (First, Middle, Li	est)			18. MOT	HER'S NAME	(First, Middle	, Maiden Surname)		
Ward VanArsd	ale				Sara	Smith			
19a. INFORMANT'S NAME (Type/Prin	0)	19b. MAILI	NG ADDRESS	(Street and Number	r or Rural Rou	ite Number, G	ity or Town, State, Z	ip Code)	
Dudley Dietri	ck	26	515 Hug	ghes Ro	ad Ad	lelphi	, Md.		
20a. METHOD OF DISPOSITION		20b. PLACE OF DISP other place)	POSITION (Nam	ne of cemetery, cre	metory or		20c. LOCATION -	- City or To	wn, Stata
1 Suriel 2 Cremation 3 4 Donation 5 Other (Specific		Metropoli	itan Ci	remator	V	i	Alex.V	a.	
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MANNER OF DEATH  1 Natural 8 Pendin Investing 3 Suicide 6 Could determine the conditions of the could determine the country of the could determine the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the coun	b. 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31. DATE FILED (Month, Day, Year)

32. REGISTRAR'S SIGNATURE

Gelia Tavidson Bondale

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	OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	DIRECTOR: After this certificate has been signed by the attending physician and completely
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	OR	DIRE

	1 - STATE OF STATE OF	MARYLAND / DEPAR	RTMENT OF H		MENTAL HYGIEN	E			
	1. DECEDENT'S NAME (First, Middle, Last)			D	2. DATE DF DEATH		3. TIME OF DEATH		
	NADOV SLACK	DI	1 EV		MONTH DA		1447 11		
	4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		HPLACE (State or Foreign		
	219-34-8175 1 M 2 T/F	LJU YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year)	Coun	itry)		
	9a. FACILITY NAME (If not institution, give street and number)		9b. CITY. TOWN C	R LOCATION OF DE		9c. COUNTY OF	W York		
Œ	607 West Lynfield Driv	ze.							
DIRECTOR	RESIDENCE OF DECEMENT								
RE	10a. STATE 10b. COUNTY	ION		10d. INSIDE CITY LIMITS?					
ō	MD MONTGOM	INDUNI GONIGICY TOUC					1 1 NES 2 NO		
AL	10e. STREET AND NUMBER	101	ZIP CODE		10g. CITIZEN OF	WHAT COUHTRY?			
FUNERAL	607 West Lynfield Drive		2080	-0	United	States			
5	FORCECO	INT EVER IN U.S. ARMED			HC ORIGIN? (Specify Yearn, Puerto Ricen, etc.)	or No- 14. RAC	CE — American Indian,		
BY F		WAR DR DATES		2X HO Specifi			olly:		
							White		
TED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	(Give kind of	work done during mo	N at of working	16b. KIND OF BUS	SINESS/INDUSTRY			
E	Elementary/Secondary (0-12) College (1-4 or								
COMPLET	12	Se	lf-Emplo			ay Care			
8	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S NA	ME (First, Middle, Maiden	Surname)			
BE	William H. Slack				na Mercer				
0	19a. IHFORMAHT'S HAME (Type/Print)				Route Number, City or Tow				
	William Anthony Duley				#I-5 Germa				
	20a. METHOD OF DISPOSITION 1 □ Burlal 2-12 Cremetion 3 □ Removal from State	20b. PLACE OF DISPO	SITION (Name of cer	netery, cremetory or	20c. LO	CATION - City or 1	Town, State		
	4 Donation 5 Other (Specify)	Montgome				hesda, Ma	ryland		
	21. SIGNATURE OF FUHERAL SERVICE LICENSEE	0	Rober	t A. Pum	chity phrev Fune	ral Home	/Rockville		
	Name Kan	lest M00335	Inc.	300 West	Montgomer	y Avenue	Rockville		
	23. PART I. Enter the diseases, or complications t	net caused the death. Do	not anter the mo	de of dying, auc	h sa cardiac or respi	ratory screat,	Approximate		
ERTIFICATION	ahock, or heart feliure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  DUE TO (DR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):								
AT	If any, leading to immediate cause. Enter UNDERLYING								
F	CAUSE (Disease or Injury that initiated events	O (OR AS A CONSEQUENCE O	OF):						
F	resulting in death) LAST								
O									
AL	PART II. Other significant conditions contributing	to death but not resulting	in the underlyin	g cause given in	Part I. 24e. WAS AN PERFOR		b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO		
Did					1 🗆 YES 2	(Z) NO	OF DEATH?		
ME							1 TYES 2 NO		
ä									
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:		26. PI	ACE OF DEATH (C)	eck only one)				
YS		☐ ER/Outpatient 3 ☐ DOA			6 Other (Specify)				
F	27. MANNER OF DEATH  28e. DATE (Month)	Dey, Year) 28b. Til	JURY WO	PRK?	28d, DEŞCRIBE HDW I				
В	2 Accident Investigation	190 1		YES 2 NO	FOUN.		BED		
TED	3 Suicide 5 Could not be building determined	of IHJURY — At home, farm, ag, etc. (Specify)	street, factory, offic	•	261. LOCATION (Street City or Town, State)	and Number or Rura	I Ploute Number,		
COMPLET	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAH: To the best	of my knowledge, death occur	red at the time, date	and place, and du	to the cause(s) and ma	nner as stated.			
M	one) 2 MEDICAL EXAMINER: On the basis of						(e) and menner as stated.		
	29b. SIGNATURE AND TIBLE OF CERTIFIER	/		29c. LICENSE NU			ED (Month, Day, Year)		
BE ∨	X= 11/1	111111111		,		M. JATE SIGNE	2 0 4		
2	30. HAME AND ADDRESS OF PERSON WHO COMPLETED C	NUSE OF DEATH STEM TO CO-	e Print)	0070	179	/0 2	2-70		
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	JAN 5'90 Full	a Davidson Panda	00						
	7 30 7	- mentator-Horige							

TO BE COMPLETED BY FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

		permit. Pag			
1	nysician.	inial-transit			
	attending ph	se as the bi			
	hospital or a	iched for us		.0.	
	ed by the	ould be deta		led at onc	
,	lay be retain	page 5 sho		t be notif	
	т. Раде 6 п	ral director.		ilner mus	
	s after death	by the fune	emovaí.	dical exam	
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2—curs after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNCRAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pag	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
	executed wi	and comple	o burial, cre	matic ever	
	ertificate be	ng physician	piene prior t	other trau	
	the death co	the attendi	1 Mental Hy	Injury, or	
	quires that	in signed by	if Health an	tows any	
	: The law re	cate has been	state Dept. c	Item 23 sl	
	PHYSICIAN	this certific	h with the S	arked, or	
	ATTENDING	CTOR: After	s after death	1 28 is m	
	SPITAL OR	NERAL DIRE	hin 72 hour.	NT: If Item	
	THE HO	TO THE FU	be filed wit	IMPORTA	

STATE O	F MARYLAN	D / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.	
GENEVA	<b>ಟ</b> .	DUFFEE 2. DATE OF DEATH  MONTH 1 -1 -940	_

1 - FOR STATE REGISTRAR		STATE OF MARYL		ENT OF HEALT		MENTAL HYGIE REG. N		
1. DECEDENT'S NAME (First,		ENEVA 13.		D	JFFEE	2. DATE OF DEATH	90 Y	3. TIME OF DEATH 12:13AM
4. SOCIAL SECURITY NUMBER 421-64-3110 90. FACILITY NAME (# not in Poningul 2)	stitution, give s	1 M 2 M 42	YRS. MOR	UNDER 1 YEAR OF UNITHS DAYS HOUR  CITY, TOWN OR LOCALISBURY	XXX	7. DATE OF BIRTH (Month, Day. Year) NOV 29	1947	BIRTHPLACE (Stete or Foreign Country)  Alabama  OF DEATH mico County
RESIDENCE OF DECEDENT								I 10d. INSIDE CITY
Virginia 100. STREET AND NUMBER	Virginia Accomack Co. New Church							LIMITS?  YES 2 NO  N OF WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 3 Vidowed 4 Divo		12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR D	2 NO		ıben, Mexicar	IC ORIGIN? (Specify n, Puerto Ricen, etc.)		I. RACE — American Indian, Black, White, etc. Specify: White
15. DEC (Specify only Elementary/Secondary (0	EDENT'S EDU y highest grade 1-12)	CATION completed)  College (1-4 or 5+)  2 years	180. DECEDENT'S USU (Give kind of work life. Do NOT use rel Beautician	done during most of wo tired.)		W. Con Corn	etelogy	TRY
17. FATHER'S NAME (First, M		- V		18. M	OTHER'S NAM	ME (First, Middle, Meld	en Surname)	5
George Blan  190. INFORMANT'S NAME OF  Samuel Duft	ype/Print)		19b. MAILING ADI	DRESS (Street end Nun		loute Number, City or 1		ode)
20g. METHOD OF DISPOSITI	ION on 3 🗆 Rem	oval from State	b. PLACE OF DISPOSITION other place) Taylor's	ON (Name of cemetery,	cremetory or		LOCATION — City	
21. SIGNATURE OF FUNERA	L SERVICE LIK	to/		22. NAME AND ADD	unera.	l home		lle. VA 23442
shock, or h iMMEDIATE CAUSE (Fir disease or condition resulting in death)  Sequentially list condit if any, leading to imme- ceuse. Enter UNDERLYI CAUSE (Disease or inju- that initiated events resulting in death) LAS	lone, diete	DUE TO (OR AS Arterioscl DUE TO (OR AS	ronary thr	ombosis			piratory srres	t, Approximate Interval Between Onset and Dasth
PART II. Other significa	ant condition	d	but not resulting in t	he underlying ceu	e given in	PERF	AN AUTOPSY FORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? XVX YES 2 \( \subseteq \text{NO} \)
25. WAS CASE REFERRED T	O MEDICAL	HOSPITAL:		THER:	F DEATH (Che			
	Pending Investigation	28s. DATE OF INJURY (Month, Dey, Year)	28b. TIME O	Nursing Home 5 Decrease Sec. INJURY A WORK?  M 1 YES	r	8 Other (Specify) 28d. DESCRIBE HO	W INJURY OCCU	RED
3 Suicide 8	Could not be determined	28e. PLACE OF INJUR building, etc. (Sp.	Y — At home, farm, streetolly)	et, factory, office		281. LOCATION (Stre City or Town, Str		Rural Route Number,
Transport transfer	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	ICIAN: To the best of my kno						couse(e) end manner ee stated.
206. SIGNATURE AND TITLE	X4n	The VO			CME	ABER .	29d. DATE 9	BIGNED (Month, Day, Year) -89
Julia C. G	oodin,		11	1 Penn St	reet,	Baltimore	,MD 212	201 vc
31. DATE FILED (Month, Day,		32. REGISTRAR'S SIG	NATURE doon-Randall					

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DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE  Maryland	W heaton Montgomery	10c. CITY,	TOWN OR LOCATION	ON	nd 2090	12 ///	10d. INSIDE CITY LIMITS?
FUNERAL D	100. STREET AND NUMBER 7908 Wildy		1 1	akoma Pa	ZIP CODE	912	10g. CITIZEN	1 ★ YES 2 NO OF WHAT COUNTRY? USA
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E COMPL	17. FATHER'S NAME (First, Middle, Lest)	N/A David Doggett	Home	maker	18. MOTHER'S NA	ME (First, Middle,	,	
10 8	190. INFORMANT'S NAME (Type/Print) Albert P. Ki	ing	92	19 Dewbe	d Number or Rural	Route Number, Ch	y or Town, State, Zip Coo Lege Park,	Md. 20740
	20a_METHOD OF DISPOSITION 1   XiBurlal 2   Cremation 3   R. 4   Donation 6   Other (Specify)   21. SIGNATURE OF FUNERAL SERVICE	emoval from State	Cedar H	ill Ceme	ADDRESS OF FA	GLITY Funera		AD SHIP STORY
	23. PART I. Enter the diseases, cahook, or heart fellur iMMEDIATE CAUSE (Final disease or condition resulting in death)	e. List only one cause on a  a. METASTAT  DUE TO (OR AS A	ach lina.		a of dying, suc	th aa cardiac d	or reapiratory arreat,	Approximata Interval Betwee Onset and Dea
ERTIFICATION	Sequentially list conditions, if any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	757 A CONSEQUENCE OF):					6 yRs
MEDICAL C	PART II. Other algorificant condit HYPERCH THROMBO				cause given in		WAS AN AUTOPSY PERFORMED? YES 2 NO	24b. WERE AUTOPSY FINDING AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL:		26. PL/ OTHER: 4 风 Nursing Home	ACE OF DEATH (C)	, ,	c/h/l	114
ВУ РНУ	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	26b. TIME INJU	OF 28c. INJU RY WOF	RY AT		E HOW INJURY OCCUR	ED
8	3 Suicide 6 Could not 4 Homicide determined		f — At home, ferm, str city)	reet, factory, office		28f. LOCATION City or Tox	(Street and Number or i rn, State)	Rural Route Number,
COMPLET	one) 2 MEDICAL EXAM	IVSICIAN: To the best of my know					place, and due to the co	
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The Isw requires that the death certificate be executed within	TO THE FUNCRAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detactly be find within 72 hours after death with the State Debt. of Health and Mental Hygiene prior to burlal, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	FOR STATE REGISTRAR	STATE OF MARYLA	AND / DEPARTI				ENTAL HYG			
	1. OECEDENT'S NAME (First, Middle, Last)						2. DATE OF DEA	гн		3. TIME OF OEATH
ľ	Abbie Lois	DeMent				Т	an. 1:	3. NY 199	YEAR	9:25 P. M
-1	4. SOCIAL SECURITY NUMBER		in yrs. last birthday)	F UNDER 1 YEAR	IF UNDER 24		7. DATE OF BIRT	н	_	HPLACE (State or Foreign
	224-32-1162	1 M 2 DF 69		ONTHE DAYS	HOURS	MIN.	(Month, Day, Ye ay 8,	ar)	Vin	ginia
	9a. FACILITY NAME (If not institution, give a			b. CITY, TOWN	OR LOCATION				NTY OF C	
-	Transcentification and the second		senter							
5	Pleasant Livin	g Convales	cent	Ed	gewat	er		Ann	e A	rundel
3	10e, STATE 10b, COUNT	Υ	10c. CITY,	TOWN OR LOCA	TION			-		10d, INSIDE CITY
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DI FUNENAL DINECTOR	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 X NO	If yes, o		Mexican,	ORIGIN? (Speci Puerto Rican, et		Spec	E — American Indian, ck, Whita, etc. cify: 1 t e
	15. DECEDENT'S EDU	ICATION	16a. DECEDENT'S US	IIIAI OCCUPAT	ON	_	16h KIND C	F BUSINESS/IN		200
- 1	(Specify only highest grade	e completed)	(Give kind of wor	k done during m	ost of working		IOU. KIND C	DOSINESSING	OUSTINI	
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3	17. FATHER'S NAME (First, Middle, Last)						E (First, Middle, N			
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5	19a, INFORMANT'S NAME (Type/Print)	•					ute Number, City			00553
	Theodore E. De						ale, l			20751
	20a, METHOO OF DISPOSITION  1	noval from State	other place)	TON (Name of co	metery, cremat	tory or		c. LOCATION -		
	4 🖾 Donation S 🖂 Other (Specify)	00	Cedar Hi					Suitla	nd,	MD
1	21. SIGNATURE OF FUNERAL SERVICE LI	Chinge /	2	22. NAME /	NO AODRESS	OF FACI	LITY Ch.			21401
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NO	23. PART I. Enter the diseases, or shock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate	a. September 10 (QR AS A December 1)		llea	1		ad curdide of	reapiratory a	neat,	Approximate Interval Between Onset and Death  2 deags.  2 mag.
CENTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST	d	A CONSEQUENCE OF):		Oct.					yn
3	PART II. Other eignificent condition	na contributing to deeth b	out not resulting in	the underlyl	ng couse gi	ven in P	art I. 24a. W	AS AN AUTOPSY ERFORMED?	24	Ib. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
	HCVA						_ 101	ES 2 1 NO	-	OF DEATH?
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3	25. WAS CASE REFERRED TO MEDICAL			26.	PLACE OF DE	ATH (Chec	k only one)			
BY PHYSICIAN:	EXAMINER?	HOSPITAL: 1   Inpetient 2   ER/Outs		OTHER:	me 6 🗆 Resi	idence 8	☐ Other (Speci	V)		
	27. MANNER OF DEATH	25s. DATE OF INJURY	26b. TIME	OF 28c. II	JURY AT	-	28d. OESCRIBE		CCURED	
-	1 Nitural 5 Pending	(Month, Day, Year)	INJU		YES 2	NO				
	2 Accident Investigation 3 Suicide & Could not be	28a. PLACE OF INJURY	— At home, farm, str	eet, factory, off	Ice		281, LOCATION (	Street and Numb	er or Rurai	I Route Number.
	4 Homicide 6 Could not be	building, etc. (Spec	offy)				City or Town	State)		
ų	29a, CERTIFIER								_	
1	(Check only	SICIAN: To the best of my know								
COMPLETED	2 MEDICAL EXAMIN	IER: On the basis of exeminatio	n and/or investigation.	In my opinion,	death occure	d at the ti	ime, data and pla	ice, and dua to	the cause	o(a) and manner as stated.
шĺ	295, SIGNATURE AND TITLE OF CERTIFIC	IN			29c. LICEN	NSE NUME	BER	29d. DA	TE SIQNE	(Mongh, Day, Year)
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2	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF DE	EATH (ITEM 27) (Type, I	Print)		1				
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a dura after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached within 72 hours after death with the State having of Health and Mental Hotelen orion to burial, cremation, or removal.	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	4. SOCIAL SECURITY NUMBER	5. SEX 8	. AGE (In yrs. last I	-	IDER 1 YEAR	IF UNDER 24 HRS.	7. DATE (	OF BIRTH , Day, Year)	8.	BIRTHPLAC	E (State or Foreign
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8	10e. STATE 10b. COUNTY		Ī	10c. CITY, TOV	VN OR LOCAT	TION				10d.	INSIDE CITY
E	Maryland Wicomi	0.0		D+ 1	Da 6	7 Pitts	a			1.5	LIMITS? YES 2 \ NO
	10e. STREET AND NUMBER	.00		I/L.I		. ZIP CODE	PATTIE	2	10g. CITIZEN		71
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COMPLETED	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S	NAME (First, I	fiddle, Meiden	Surname)		
BE C	Peter I. Littleton					Lue :	Britti	ingham			
	19e. INFORMANT'S NAME (Type/Print)		19b.	MAILING ADD	RESS (Street	and Number or Run			n, State, Zip Coo	de)	
5	Wilbur N. Davis		R	t.1 Bo	x 65A	, Powel:	1vi11e	. Mar	vland	2185	50
	20e. METHOD OF DISPOSITION		20b. PLACE O	F DISPOSITION	(Name of ce	metery cremetory o			CATION — City		
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	23. PART L Enter the diseases, or o	omplications that	caused the dee	th. Do not s							Approximata
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- 1	resulting in death)	DUE TO (C	D AS A CONSECU	HENCE OF	7	TUVEST			-	-	
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O	Sequentially list conditions,	DUE TO A	DINE TORY	JAS	UFTCI	encung					
Ē	If any, leading to immediate cause. Enter UNDERLYING					,				j	
2	CAUSE (Disease or Injury	- 12 M	PHAS A CONSECU	ma							
#	that initiated events resulting in death) LAST	) OI 30d	M NO A CONSECU	DENCE OF):						i	
CERTIFICATION		1									
2	PART II. Other significant condition	a contributing to d	eath but not re	sulting in th	a underlyin	ig cause given	In Part I.	24a. WAS AN	AUTOPSY	24b. WEF	E AUTOPSY FINDINGS
S	Atherosclenati	_		-		-		PERFO	1.		LABLE PRIOR TO IPLETION OF CAUSE
ā	The second	1 / =	1	Sta Sink				1 TYES	S No		DEATH?
M	Congestive to	trant to	Nuc						•	t [	YES 2 DNO
ž											
PHYSICIAN: MEDICA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:				LACE OF DEATH	Check only or	re)			
S	1 TYES 2 NO	1   Inpatient 2	ER/Outpatient 3		HER: Nursing Hor	me 5 Reelden	e 6 🗆 Othe	r (Specify)			
H	27. MANNER OF DEATH	26e. DATE OF III (Month, Day		286. TIME OF INJURY		JURY AT ORK?	28d, DE	CRIBE HOW	NJURY OCCUP	NED	
BY F	1 Natural 6 Pending 2 Accident Investigation	,, 2.5,	,,			YES 2 NO					
	2 Accident Investigation 3 Suicide 6 Could not be	26e. PLACE OF	INJURY — At hon	ne, farm, street	, factory, offi	ce			and Number or	Rural Route	Number,
LED	4 Homicide determined	bunding, in	tc. (Specify)				City	or Town, State			
Ш	290. CERTIFIER										
M	(Check only										
COMPLET	2 MEDICAL EXAMINE	R: On the basis of exa	mination end/or in	weatigation, in	my opinion,	death occured at	tne time, date	end place, e	na due to the c	euse(e) end	manner så stated.
BE (	296. SIGNATURE AND TITLE OF CERTIFIER					29c. LICENSE I			29d. DATE S	IGNED (Mo	oth, Day, Year)
	13.1	1 MD				0249	186		P 1/	10/9	70
5	O. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE	OF DEATH (ITEM	27) (Type, Prin	)					-	

Reilly MD 3 560

Riversida

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BALT	death.	funer
B	after	y the
	SIN	filled in b
13146,	precuted within	and completely
BOX	tificate be e	physician
, P.O.	death cer	attending
IVISION OF VITAL RECORDS, P.O. BOX 13146,	R ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	RECTOR: After this certificate has been signed by the attending physician and completely filled in by the funer
OF V	PHYSICIAL	this certifi
VISION	R ATTENDING	RECTOR: After

	REGISTRAR		CERTIF	CATE OF	DEATH	REG. NO	).	
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF OEATH		3. TIME OF DEATH
	Carrie Ruth	Dombrows	ri				1 0 0 0	
1 1	4. SOCIAL SECURITY NUMBER		(In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	Jan. 11	, 1990	7:00 P.M
			MONTHS DAYS	HOURS MIN,	(Month Day Year)		(ountry)	
			93 YRS.	0 18		Dec.23,	1896  м	arvland
	9a, FACILITY NAME (If not institution, give str	et and number)		9b. CITY, TOWN	OR LOCATION OF DE	OF DEATH		
Œ	125 Alto Ave.			Wes	tminste	r	Ca	rroll
DIRECTOR	RESIDENCE OF DECEDENT							
입	10e. STATE 10b. COUNTY		10c. CITY	. TOWN OR LOCA	TION			10d. INSIDE CITY
뜨								LIMITS?
		croll			tminste	r		1 ☐ YES Z. ☐ NO
A	10e. STREET AND NUMBER			10	. ZIP COOE		10g. CITIZEN	OF WHAT COUNTRY?
1 8 1	125 Alto Ave.				21157		U.	S.A.
FUNERAL	11, MARITAL STATUS	12. WAS DECEDENT EVER	IN U.S. ARMED	13. WAS DEC	ENDENT OF HISPAN	C ORIGIN? (Specify Yo	a or No. 14 I	RACE - American Indian,
	1 Never Married 2 Married	FORCES? 1 YE		If yes, sp	ecify Cuban, Maxican	, Puerto Rican, etc.)		Black, White, etc.
BY	<b>\$</b> Widowed 4 □ Divorced	IF YES, GIVE WAR OR	DATES	1 TYES	2 NO Specify.			SpecMy: White
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of	ATION completed)	16a. DECEDENT'S (Give kind of v	USUAL OCCUPATION  Fork done during more retired.)	ON asl of working	16b. KIND OF BI	ISINESS/INDUST	4Y
iu	Elementary/Secondary (0-12)	College (1-4 or 5+)	Iffe. Do NOT us	e retired.)				
릴	5 years	none	Hous	sewife				
8	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NAM	NE (First, Middle, Maide	Sumama)	
	Millard A. Hes	20				rine Ja		+ 7
H								
2	19a. INFORMANT'S NAME (Type/Print)					oute Number, City or To		
-	M. Catherine Fa	arver	125 A	alto Av	e. West	minster	, Md.	21157
1 1	20a. METHOO OF DISPOSITION	2	0b. PLACE OF OISPOS	SITION (Name of ce	metery, crematory or	20c. L	OCATION - City	or Town, Stata
	1 Donalion 8 Other (Specify)	val from State	other place)	hanel	Cemeter	TI TI O	dhino	, Maryland
1 1	21. SIGNATURE OF FUNERAL SERVICE LICI		Jorgan C		NO ADDRESS OF FAC		Japine	, Maryrand
	. 11	2	1.)			neral Ho	- m -	
	· Charly	time	n'			Marvlan		0.4
	23. PART I. Enter the diseases, or co	mollostions that cause	d the death Do o	WIII	Tield'	Maryland	2 / /	0.4
	shock, or heart failure. L	let only one cause of	eech line.	ot smer the mi	de of dying, such	i as cerulac or ree	metory strest,	Approximate Interval Between
	IMMEDIATE CAUSE (Finel	Λ Λ						Onset and Dasth
	disesse or condition resulting in death)	Arrono	P ONCis	nomos	of C	Lan		
	resulting in destri)	DUE TO (OR AS	A CONSEQUENCE OF	า:				
_				,				
CERTIFICATION	Sequentially list conditions,	OUE TO YOU AS	A CONSEQUENCE OF	D.				
5	If any, leading to immediata cause. Enter UNDERLYING	OUE TO (ON AS	A CONSEQUENCE OF	-):				
0	CAUSE (Disease or injury							
쁘	thet initiated events	DUE TO (OR AS	A CONSEQUENCE OF	F):				
	resulting in death) LAST							
ਹ								
4	PART II. Other significent conditions	contributing to death	but not resulting	in the underlyin	g cause given in i	Part I. 24s. WAS A	N AUTOPSY PRMED?	24b, WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
DICAL	A war fel	erotic	teau	dise	ore	1 TES		COMPLETION OF CAUSE
							2 10 10	OF DEATH?
2	1					-		1 TYES 2 NO
ż								
181	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				LACE OF DEATH (Chi	ck only one)		
S	1 TES 2 DIE	HOSPITAL: 1 Inpatient 2 ER/O	ilpatient 3 DOA	OTHER:	ne 5 Desidence	B Cher (Specify)		
PHYSICIAN:	27. MANNER OF DEATH	28a, DATE OF INJUR	7 28b. TIM		JURY AT	26d, DESCRIBE HOW	INJURY OCCURE	·D
	1 Netural 6 Pending	(Month, Day, Year	INJ	URY WO	ORK7 YES 2 NO			
B	2 Accident Investigation							
	3 Suicide 6 Could not be	28a. PLACE OF INJU building, etc. (S)	RY — Al home, farm, specify)	street, factory, offic	·a	26f. LOCATION (Stree City or Town, State	and Number or R	ural Route Number,
	4 Homicide determined							
COMPLET	29a. CERTIFIER	IAN: To the best of my kn	unicales de ath service	-d -4 46 - 11 - 1 - d-4				
8	onel							
ᅙ	MEDICAL EXAMINER	: On the basis of examinat	ion and/or investigation	n, in my opinion,	deeth occured et the	time, data and place, i	ind due to lhe ce	use(s) and menner as stated.
3	290 SIGHATURE AND TITLE OF CERTIFIER	F1. 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			29c. LICENSE NUM	BER	29d. DATE SK	GNED (Month, Day, Year)
m-	( allentie	ely Nap	anna		D180	00	1 1-	-17-91
0	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF	FATH (ITEM 27) (Ton	Print)	1210			. 0
	Chitrachedu Nagann	a. M. D.	. A. 700	A Poole	Rd Med C	enter. We	stminst	er. Md. 21157
	31. DATE FILED (Month, Dey, Year), 90		Mude	02		7 110		
	31. DATE FILED (Month, Day, Year),	32. RESETTARS	Substant					
	MI 10 30	0						

insit permit. Pages 1, 2, 3 should

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	C	3
ω,	TAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 I	AL DIRECTOR; After this certificate has been signed by the attending physician and completely fille
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2	5	P
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	2	cian
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O	8	ding
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	R	A

JAN 16 '90

32. REGISTRAR'S SIGNATURE

						•	01813
	FOR 1 - STATE	STATE OF MARYLAND					
	REGISTRAR  1. DECEDENT'S NAME (First, Middle, Last)		CERTIFICAT	E OF DEATH	REG. NO		3. TIME OF DEATH
	EVEDETT	1 (1)2.00	1		MONTH D	AY YE	AR 120201
	A SOCIAL SECURITY NUMBER	A. DAVIDSE 5. SEX 8. AGE (III) VIS.	last blethdad   sc teams	ER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH		HRTHPLACE (State or Foreign
	217364039	1 M 2 🗆 F	77 YRS. MONTHS	DAYS HOURS MIN,	(Month, Day, Year) 11 -23 -1	2 Ma	arylan d
~	Sa. FACILITY NAME (If not institution, give a			Y, TOWN OR LOCATION OF DE	EATH	9c. COUNTY	OF DEATH
DIRECTOR	Harbor Hospita	1	Ba]	timore			
<u>n</u>	10a. STATE 10b. COUNTY	1	10c. CITY, TOWN	OR LOCATION			10d. INSIDE CITY
뚬	Maryland Carr	0]]	Hamps	tea d			LIMITS?
	10e. STREET AND NUMBER		1	10f, ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
ER.	3100 Carrollto	n Road		21074		l us	SA
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2	ARMED 13	WAS DECENDENT OF HISPAN			RACE — American Indian, Black, White, etc.
BY	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATES	Zeno	If yes, specify Cuben, Mexica 1 YES 2 _ NO Specify			specify: White
8	15. DECEDENT'S EDU (Specify only highest grade	CATION 16a.	DECEDENT'S USUAL	OCCUPATION a during most of working	16b. KIND OF BU	SINESS/INDUST	
Ē	Elementary/Secondary (0-12)	College (1-4 or 5+)	Iffe. Do NOT use retired.	)			
MP	High School	F	armer				
COMPL	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S NA	ME (First, Middle, Maiden	Surnama)	
BE	Luther C. Davi	dson			anche Ro		
0	19a. INFORMANT'S NAME (Type/Print)			SS (Street and Number or Rural i			
-	Mrs. Julia Dav						d. Md.21074
	20a, METHOD OF DISPOSITION  1 Buriel 2 Cremation 3 Rem	oval from State othe	r place)	Name of cemetery, cremetory or		CATION — City	
	4 Donation 5 Other (Specify)			etery		mpstea	ad, Md.
	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s			Eline Funer			
	Ateven W. E	line	(	934 S. Main	St., Ha	mpstea	ad, Md.21074
	23. PART I. Enter the diseases, or shock, or heart failure.	complications that caused the List only one cause on each i		er the mode of dying, suc	h as cardiac or reap	iratory arrest,	Approximete Interval Between
	IMMEDIATE CAUSE (Finel		1				Onset and Death
	disease or condition resulting in death)	. Hemat	emeci	5			
		DUE TO (OR AS A CON	ISÈQUENCE OF):	11.	/ 1	0	
NO	Sequentially list conditions,	b. DUE TO (OR AS WOOM	HAC .	Mon boly	topenic	Pung	ZWYGL
ATI	If any, leading to immediate cause, Enter UNDERLYING	To to to as we con	o la la			U	j
윤	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A CON	ISEQUENCE OF):	my			
CERTIFICATION	resulting in death) LAST	Right	:1000	18he	Paper	mony	
S		7	409				
Ä	PART II. Other algnificant condition	is contributing to death but ne	ot resulting in the u	Inderlying cause given in	Part I. 24a. WAS AN PERFO		AMILABLE PRIOR TO
MEDICA	- AO D D				1 5% YES :	⊇ □ NO	OF DEATH?
				4			1 - YES 2 NO
SICIAN:							
2	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	ОТН	26. PLACE OF DEATH (Ch	eck only one)		
IYS	1 YES 2 NO	1 Senpetient 2 ER/Outpetien 28a, DATE OF INJURY		ursing Home 5 - Residence			
РНУ	1 Natural 5 Pending	(Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK?	28d. DEŞCRIBE HOW	INJURY OCCUR	:0
BY	2 Accident Investigation	28s. PLACE OF INJURY — A	t home form street to		261. LOCATION (Street	and Number of B	hural Shuda Number
ED	3 Suicide 6 Could not be 4 Homicide determined	building, etc. (Specify)		, and	City or Town, State		and rouse runnon,
LET	29a. CERTIFIER 1 CERTIFYING PHYS	ICIAN: To the best of my knowledge	doub occurred at the	time data and store and d	to the secretary		
COMPL	cond only	ER: On the basis of examination and					use(a) and manner as stated.
18	29b. SIGNATURE AND TITLE OF CERTIFIE			29c. LICENSE NUI			GNED (Month, Day, Year)
						I KING, DATE SI	
BE	mBRA			/	OFFICER	. 1	11160

DHMH-16 Rev 1/89

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and compiletely flied in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, be filed within 72 hours after death with the State Dept. of Neath and Mental Hygiene prior to burial, cremation, or removal.

	FOR 1 - STATE REGISTRAR	ST	ATE OF MAR			TMENT				MENTAL	HYGIEN	E	90	01874
	1. DECEDENT'S NAME (First, Middle) Mary	H.	Du	ncan		ICATE	OF	DEAL	n	2. DATE MONTH Jai	OF DEATH	AV	YEAR	3. TIME OF DEATH  8:30 pm M
	4. SOCIAL SECURITY NUMBER 212-46-8830	5. SE	M 2 XF	AGE (In yrs. lest	t birthday) YRS.	IF UNDER	t YEAR DAYS	IF UNDER	24 HRS. MIN.	(Month	OF BIRTH , Day, Year) 3,19		e. BIRTHP Country;	PLACE (State or Foreign
TOR	94. FACILITY NAME (If not institution 7101 W. Green:	vale P						Chase				9c. COUN	tgom	
DIRECTOR	10a. STATE 10b. C	ontgom	erv		-	y, town or								10d. INSIDE CITY LIMITS? 1 X YES 2 NO
FUNERAL	10e. STREET AND NUMBER 7101 W. Greenva					icvy	101	. ZIP CODE 20815						HAT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. W	AS DECEDENT EVORCES? 1 VES, GIVE WAR (	YES 2 N		10	MAS DEC		F HISPAN	n, Puerto F	? (Specify Yea Rican, etc.)		14. RACE	- American Indian, White, etc.
COMPLETED	15. DECEDENT (Specify only highes Elementary/Secondary (0-12) 4	at grade comple		(Gh		_			g	16b.	KIND OF BU	SINESS/INDU		
BE CON	17. FATHER'S NAME (First, Middle, Li John Benjami	in Hor	ton							ME (First, A Baird	Aiddie, Maiden			
TO B	19a. INFORMANT'S NAME (Type/Print Ruth Ducan Powe	ers		77-20							wash.			5
	20s. METHOD OF DISPOSITION A Signal 2 Cremation 3 C 4 Donation 5 Other (Specific	y)	0	20b. PLACE Of other place Parkl	OF DISPOS	Mem.	me of cen	netery, crem ck Ce	metory or		20c. LO	ckvil	Ity or Tow	vn, State
	21. SIGNATURE OF FUNERAL SERV	1×	Emm	ons	)	5.	130	WI A	ve.	NW W	ons,	DC 20		
	23. PART I. Enter the disease ahock, or heart fa IMMEDIATE CAUSE (Final	is, or compli niture. List o	cations that ca nly one cause o	used the dea on each line.	ath. Do r	not anter	tha mo	da of dyl	ng, auc	h aa cerd	liac or reap	iratory arre	at,	Approximate interval Between Onset and Death
	disease or condition resulting in death)	a		failur AS A CONSEO		F):								2 wks.
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reautiting in death) LAST	Conge	DUE TO (OR	AS A CONSEC										l yr.
PHYSICIAN: MEDICAL CEI	PART II. Other eignificent cor	d.	tributing to dea	ith but not n	esulting i	in the un	derlying	) ceuse g	jiven in	Part i.	24s, WAS AN PERFOI 1 YES	RMED?		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
CIAN: 1	25. WAS CASE REFERRED TO MEDI EXAMINER?		SPITAL:			OTHER		LACE OF DI	EATH (Ch	eck only on	99)			
BY PHYSI	1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pendin 2 Accident Investig	1 🗆 1	Inpatient 2 ER 26a, DATE OF INJ (Month, Day, Y	URY	20b. TIM	4 🗆 Nurs	28c. INJ WO	NO 5 Report AT DRK?		,	r (Specify) SCRIBE HOW	INJURY OCC	URED	
	3 Suicide 6 Could 4 Homicide detarm	not be	28e. PLACE OF IN- building, etc.	JURY — At hor (Specify)	me, ferm,	street, facto	ory, offic	•			ATION (Street or Town, State		or Rural Ro	oute Number,
COMPLETED	non)		To the bast of my											and manner as stated.
TO BE C	200 SHOMATURE AND TITLE OF CE	PATIFIER (	Disn	-				29c. LICE	1289					(Month, Day, Year) 0, 1990

20

31. DATE FILED (Month, Day, Year)

JAN 12 '90

TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within alours after death. Page TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral diffusion within 72 hours after death with the State Dept. of Health and Mental Hypiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner.

TO BE COMPLETED BY PHYSICIAN; MEDICAL CERTIFICATION

31. DATE FILED (MONTH), Day,

FOR 1 - STATE REGISTRAR	STATE OF MARYLAND / DEPART CERTIFIC	MENT OF HEALTH AND N	MENTAL HYGIENE REG. NO.	30 01075
1. DECEDENT'S NAME (First, Middle, Last)	Vlter Edwar	1 Ernels	2. DATE OF DEATH MONTH DAY	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 5		IF UNDER 1 YEAR	7. DATE OF BIRTH (Month, Day, Year)	BIRTHPLACE (State or Foreign Country)
214-07-82741	PM 2 DF 80 YRS.	ONTHS DAYS HOURS MIN.	12/8/09	Md.
9e. FACILITY NAME (If not institution, give atree	t and number)	DE. CITY, TOWN OR LOCATION OF DE	ATH 9c. COUNT	Y OF DEATH
Dorches Ter G RESIDENCE OF DECEDENT	rem /tospital	Camprida	e D	orcheste-
10e. STATE 10b. COUNTY	rcheste-	Cambridge	e	10d. INSIDE CITY LIMITS?  1 FYES 2 ND
10e. STREET AND NUMBER	6 1 3	10f, ZIP CODE	10g. CITIZI	EN DF WHAT COUNTRY?
937 Pine ST.	Cambridge, Ma	2/6/3	U	. S. A
	2. WAS DECEDENT EVER IN V.S. ARMED FORCES? 1 YES 2 190	13. WAS DECENDENT OF HISPAN If yes, specify Cuban, Mexican	IC ORIDIN? (Specify Yes or No- 1	4. RACE — American Indian, Black, White, atc.
1 Never Married 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE WAR OR DATES	1 TYES 2 NO Specify		Specify: Black
16. DECEDENT'S EDUCAT (Specify only highest grade co	TION 16a. DECEDENT'S U	SUAL OCCUPATION	16b. KIND OF BUSINESS/INDU	STRY
	College (1-4 or 5+)	rk done during most of working retired.)		
17. FATHER'S NAME (First, Middle, Last)		18. MOTHER'S NA	ME (First, Middle, Maiden Sumame)	
Ro	y Fragels	Sar		-ow
190. INFORMANT'S NAME (Type/Print)	196. MAILIND A	DDRESS (Street and Number or Rural F	Con Burile G	Md121613
20a. METHOD OF DISPOSITION 1 Disputation 3 Remove	al from State other place)	TION (Name of cometery, crematory or	20c. LOCATION C	ty or Town, State
4 Donation 5 Other (Specify)	iser Ve	22, NAME AND ADDRESS OF FA	CAMBRI	19e/11ai
> ganelle	C. Hen	Henry Fun	eral Home (	emb. Md.
	mplications that caused the death. Do no	t enter the mode of dying, such	h as cardiac or respiratory arre	
IMMEDIATE CAUSE (Final disease or condition	of only one cause on each fine.			Interval Between Onset and Death
resulting in deeth)	DUE TO (OR AS A CONSEDUENCE OF)	:		
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CONSEQUENCE OF):			
CAUSE (Disease or injury that initiated events resulting in deeth) LAST	DUE TO (OR AS A CONSEQUENCE OF)	:		
d				
PART II. Other algniticant conditions	contributing to death but not reaulting in	the underlying cause given in	Part I. 24a. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
				1 TYES 2 NO
		26. PLACE OF DEATH (Ch OTHER: 4 \subsection Nursing Home 6 \subsection Residence	V = various =	
27. MANNER OF DEATH	26s. DATE DF INJURY 26b. TIME	OF 28c. INJURY AT	28d. DESCRIBE HOW INJURY OCCI	JRED
1 Natural 6 Pending	(Month, Day, Year) INJU	M 1 YES 2 NO		
2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide datermined	26s. PLACE OF INJURY — At home, farm, at building, atc. (Specify)	reet, factory, office	281, LOCATION (Street and Number of City or Town, State)	r Rural Route Number,
29a. CERTIFIER 1 CERTIFYIND PHYSICIA	AN: To the best of my knowledge, death occurred	I at the time, data and place, and due	to the cause(a) and manner as state	d.
anal	On the beals of examination and/or investigation			
296. SIGNATURE AND TITLE OF CERTIFIER	M Sattendi	29c. LICENSE NUI		SIDNED (Month, Day, Year)

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St. REGISTRAR'S SIGNATURE

Fulia Savidson

DHMH-16 Rev 1/89

1	-	STATE REGISTRAR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCIENE

	1 - STATE REGISTRAR	OINIE OI II	CE			F DEATH		G. NO.	•		
	1. DECEDENT'S NAME (First, Mirtrie, Last)						2. DATE OF D	EATH			3. TIME OF OEATH
- 8	Florence P	E	DWARDS				Jan.	4,	1990	YEAR	4:00 A M
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. last	birthday)	IF UNDER 1 YEA		7. DATE OF B	BTN			PLACE (State or Foreign
	202-18-6475	1 M 2 XF	88	YRS.	MONTHS DAY	S HOURS MIN.	(Month, Day,	1901		PENN	SYLVANIA
	9a. FACILITY NAME (If not institution, give	street and number)			9b. CITY, TOV	N OR LOCATION OF DI	EATH		9c. COU	NTY OF O	
DIRECTOR	Deer's Head Cent	er			Salis	sbury			Wi	comi	со
EC	10e. STATE 10b. COUNT	ſΥ		10c. CIT	Y, TOWN OR LO	CATION					10d. INSIDE CITY
DIA	DELAWARE SU	SSEX		]	ENWICK	ISLAND					LIMITS?
	10e. STREET AND NUMBER					101. ZIP CODE	-		10g. CIT	ZEN OF W	HAT COUNTRY?
ER	6 WEST VIRGINI	Δ ΔVF				19	944			11	ISA
FUNERAL	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. AR	MED	13. WAS	DECENDENT OF NISPAI	NIC ORIGIN? (Sp	ecity Yea	or No—	14. RACE	- American Indian,
ВУ Е	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE W	YES 2 ZIN	10		, specify Cuban, Maxica YES 2 NO Specif		atc.)		Specia	t, White, etc. fy: WHITE
	15. OECEOENT'S ED	UCATION	16a, DE	CEDENT'S	USUAL OCCUP	ATION	18b. KIND	OF BUS	INESS/INC	USTRY	WILLE
ETE	(Specify only highest grad Elementary/Secondary (0-12)	le completed) College (t-4 or 5 -	(GI	ve kind of Do NOT u	work done during sa retired.)	most of working					
7	HIGHSCHOOL			OK KI	EEPER		В	ANK]	ING		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					18. MOTNER'S NA	ME (First, Middle	. Maiden :	Surname)		
Ö	SAMUEL D.	P	INKERTO	J		ANN				MEDL	EY
BE	19e. INFORMANT'S NAME (Type/Print)				ADDRESS (Str	net and Number or Rural	Route Number, Ci	ty or Town	, State, Zir	Code)	
5	PATRICIA McHALE		1	S WES	ST VIRG	INIA AVE,	FENWIC	K IS	SLANI	DE	L. 19944
	20a. METNOD OF DISPOSITION		20b, PLACE	OF OISPO	SITION (Name o	cemetery, cremetory or			CATION -		
	1 M Burlet 2 Cremation 3 Ref 4 Donation 5 Other (Specify)	noval from State	MÉDI'	A° CE	<b>TERY</b>			MEI	DIA ,	PA	
	21. SIGNATURE OF FUNERAL SERVICE L	CENSE			22 NAM	E AND ADDRESS OF FA	RIPLY IIC	ME I	2 /		
	► 1/11 10 11 1	11	_ /			SNOW HIL				7 МГ	21801
	23. PART i. Enter the disesses, or	complications the	t called the de	eth Do			-				Approximate
	shock, or heart failure iMMEDIATE CAUSE (Finel disease or condition resulting in death)	. List only one cau	n each line	t Fa	ilure						Interval Between Onsat and Dasth
DICAL CERTIFICATION	Sequentially flet conditione, if any, leeding to immediate	A.S.C.V									
2	cause. Enter UNDERLYING CAUSE (Disease or Injury	C. DUE TO	(OR AS A CONSEC	NIENCE C	0.						
Ē	that initieted events resulting in death) LAST	502 10	(OII AS A GOITSEC	JOENCE C	¥ ).						İ
8		d.									
AL	PART II. Other significant condition			eculting	in the underl	ying cause given in	Part I. 24s.	WAS AN	AUTOPSY MED2	24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
20	Decubitus Ulce		ed				10	YES 2			COMPLETION OF CAUSE OF DEATH?
ME	Diabetes Mellit	us									1 _ YES 2 _ NO
	C.V.A 01d										
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:				A. PLACE OF DEATN (C)	heck only gree)				
Š	1 TES 2 NO		ER/Outpatient 3	□ DOA	OTHER: 4   Nursing	Home 5 🗆 Residence	6 Other (Spe	ecity)			
PHYSICIAN:	27. MANNER OF DEATN	28e. DATE OF (Month, D		26b. TIR	IE OF 28c.	INJURY AT WORK?	28d. DESCRIE	E HOW I	NJURY OC	CURED	
BY	1 Netural 5 Pending 2 Accident Investigation				M 1	YES 2 NO					
	3 Suicide 6 Could not be 4 Nomicide determined	28e. PLACE O building,	OF INJURY At ho etc. (Specify)	me, farm,	street, factory,	office	261. LOCATION	N (Street a	ind Numbe	r or Rural f	Route Number,
E											
COMPLETED	one)	55 - 4- 5 511				date and place, and du					s) and manner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFI	ER .				29c. LICENSE NU	MBER		29d. DA1	E SIONED	(Month, Day, Year)
BE	Plan. H.	Come is	) 1/	1,1	<b>)</b> .	D15093			<b>&gt;</b> /		-1990
2	30. NAME AND ADDRESS OF PERSON W	NO COMPLETED CAU	SE OF DEATH (ITE	M 27) (Typ	t, Print)					- 7	1110
	Elsa M. Goris,			Cer	ter, P	.0. Box 20	018; Sa	list	oury,	Md.	21802
12	31. DATE FILED (Month, Day, Year)	diada	ALCO STORY THE								

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	Pages		
	TO THE FUNERAL DIRECTOR; After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, Pages		
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END	DR: A	fter d	8
10 THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the beam certificate be executed within 24 flours after death. Tage o may be relative by the mospital of attending physician;	RECT	be filed within 72 hours after death with the State Dept, of Health and Memal Hyglene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at ence.
ALC	AL D	72 10	H Its
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1 - FOR STATE REGISTRAR	STATE OF MAR	YLAND / DEPARTM CERTIFIC	ENT OF HEAL		ENTAL HYGIEN REG. NO	E	
1. DECEDENT'S NAME (First, Middle, Lest)	A .	h Marshall I	EVANS		2. DATE OF DEATH	AY YI	3. TIME OF DEATH
109000	1. Evan				01 0		10 345 PM
	6. SEX 6. /		UNDER 1 YEAR IF U		7. DATE OF BIRTH (Month, Pay, Year)	7 8.	BIRTHPLACE (State of Foreign Country) W. Va.
9a. FACILITY NAME (II not institution, give stre WOSPUNCTON CO	end number)	spital "	HOOR	STOUL	n	9c. COUNTY	DANKULTOY
RESIDENCE OF DECEDENT	0	10c. CITY. TO	OWN OR LOCATION				10d. INSIDE CITY
RESIDENCE OF DECEDENT  10a. STATE Maryland Washir	ngton		ar Spring				1 Tes 2 No
Route 1, Box 224			2172			USA	OF WHAT COUNTRY?
	12. WAS DECEDENT EV FORCES? 1 X IF YES, GIVE WAR	YES 2 NO	13. WAS DECENDE	NT OF HISPANIC	C ORIGIN? (Specify Ye Puerto Rican, etc.)	n or No 14.	RACE — American Indian. Black, White, etc. Specify: Vhite
15. DECEDENT'S EDUCI (Specify only highest grade of Elementary/Secondary [0-12) 1 2	ATION ompleted) College (1-4 or 8+)	16a. DECEDENT'S USU (Give kind of work life. Do NOT use re	done during most of v	vorking	16b. KIND OF BU		
					E (First, Middle, Meiden	Sumame)	South of the
19a INFORMANT'S NAME (Sma/Print)		19h MAH ING AD			oute Number, City or Tox		
Anna May Evans					Spring,		
20s. METHOD OF DISPOSITION  N□ Burial 2 □ Cremation 3 □ Remov	vel from Stata	20b. PLACE OF DISPOSITE	ON (Name of cemetery	crematory or	20c. LC	CATION — City	or Town, State
4 Donation 5 Other (Specify)		Broadfordi				gerstov	m, Md.
21. SIGNATURE OF FUNERAL SERVICE LICE	Mense	uch	MINNICH	FUNERAL	HOME	reretor	m, Md. 21740
23. PART I. Enter the diseases, or conshock, or heart failure. L.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	int only one couse			f dying, such	as cardiac or reap	Iratory arrest	Approximata interval Between Onset and Dast
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	CIRVINO DUE TO (OR	0	VER.				TEANS
PART II. Other significant conditions		ath but not resulting in t			Part I. 24e. WAS AI PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL	/		26. PLACE	OF DEATH (Chec	ck only one)		
EXAMINER?	HOSPITAL:		THER:				
27. MANNER OF DEATH	28s. DATE OF INJ	URY 28b. TIME O	F 28c, INJURY		28d. DESCRIBE HOW	INJURY OCCUP	RED
	(Month, Day, )	(Sar) INJUR		2 NO			
a Destate	28e. PLACE OF IN building, etc.	JURY — At home, farm, stre- (Specify)	et, fectory, office		28f. LOCATION (Street City or Town, State		Rural Route Number,
one)		knowledge, death occurred a					ause(a) and manner as stated.
296. SIGNATURE AND TITLE OF CERTIFIER	7	hD	1	LICENSE NUM	BER 13		IGNED (Month, Day, Year)
OTTO ROZ	A ho	1714 0	OAK HIL	LAV.	HAGE	2876hA	no.
JAN 09 90	32. BEGISTRAR'S	signature randall.					

DHMH-16 Rev 1/89

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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	5	9 f	
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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the first and activities are store death with the State Dent of Health and Mantal Mollane mony in build contrastion or seminal	MEDINETALY If them 28 is marked or them 23 shows any injury, or other traumatic event, the medical ex
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	FOR STATE REGISTRAR	STATE OF MARYLAND / CE	DEPARTMENT OF HE		IENTAL HYGIENE REG. NO.	
	1. DECEDENT'S NAME (First, Middle Last)		•		2. DATE OF DEATH MONTH DAY	YEAR 3. TIME OF DEATH
	Reub	in Essahk	V		1	90 110 PM
	4. SOCIAL SECURITY NUMBER	8. SEX 8. AGE (In yrs. lest	birthday) IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8. BIRTHPLACE (State or Foreign Country)
	N/A	1 ☑ M 2 □ F	YRS.		10-24-88	MARYLAND
V ~	9a. FACILITY NAME (If not institution, give at			LOCATION OF DEA		COUNTY OF DEATH
DIRECTOR	MT. WASHINGTO	ON PED. HOSPI	IAL BALTIN	nore, r	M Bal	Itimore City
EC	10a. STATE 10b. COUNTY		10c. CITY, TOWN OR LOCATIO	ON		10d. INSIDE CITY
H	MARY LAND M	ontgomery	LALTIMA	RWhen	alun	LIMITS?
AL	10e. STREET AND NUMBER		7 7 1 1 101.	ZIP CODE	10g.	CITIZEN DF WHAT COUNTRY?
FUNERAL	0 1 0 110 . 0	FIELD Rdiff.	33 WHEA-	ION WI	D 20420	U.S.A
5	11. MARUTAL STATUS  1 Never Married 2 Married	12. WAS DECEDENT EVER IN U.S. ARM FDRCES? 1 ☐ YES 2 ☑ NE	HED 13. WAS DECE		C ORIGIN? (Specify Yea or No-	14. RACE — American Indian, Black, White, etc.
BY	3 Widowed 4 Divorced	IF YES, GIVE WAR DR DATES	1 TYES			Specify: BLACK
	15. DECEDENT'S EDUC		EDENT'S USUAL OCCUPATION		16b, KIND OF BUSINESS	INDUSTRY
COMPLETED	(Specify only highest grade Elementary/Secondary (8-12)	Completed) (Giv iffe. i	e kind of work done during mos Do NOT use retired.)	t of working		
APL	N/A		N/A			
ŏ	17. FATHER'S NAME (First, Middle, Last)	mamai		18. MOTHER'S NAM	NE (First, Middle, Melden Sumam	10)
BE	HENRY A.	momoru		MAR	IHA T	AYLOR
10	15s. INFORMANT'S HAME (Type/Print)	- NUL 00 0	MAILING ADDRESS (Street an	d Number or Rural R	oute Number, City or Town, State	
-	MINKITH	147LUN 0	114 SHUK	ETIEL.	中的种的	3, WHEATON MD 209
	1 G Burist 2 Cremetion 3 Page 4 Donation St Qther (Specify)	20b. PLACE O other plea	OF DISPOSITION (Name of cemice)	etery, crematory or	20c. LOCATION	— City or Town, State
	21. SIGNATURE OF FUNERAL SERVICE LIG	17.6		Cemet		.Md.
	VIII Mms 1X	Thomas.			di Funeral	Home
	11/1/11/11/18	Till M	11800	New H	amp Ave S	S MA
	23. PART I. Enter the diseases, or can hock, or heart fallers.	omplications that caused the des	ith. Do not sater the mod	le of dying, auch	es cardisc or respiratory	Approximate Interval Between
	IMMEDIATE CAUSE (Final disesse or condition	0	0			Onset and Death
	resulting in death)	KESPIRATOI		51.		
		RECURREN	4 - 0 - 0	ATION	PNEUMO	10114
O N	Sequentially list conditions,	DUE TO (OR AS A CONSEC		1.1(0)0	Troedine	10111
SAT	if sny, leading to immediate cause. Enter UNDERLYING					
Ē	CAUSE (Disesse or Injury that Initisted events	DUE TO (OR AS A CONSEO	UENCE OF):			
CERTIFICATION	resulting in death) LAST	1				
AL C	PART II. Other significant condition	s contributing to death but not re	suiting in the underlying	cause given in i	Part I. 24s. WAS AN AUTOP	PSY 24b. WERE AUTOPSY FINDINGS
	BIRTH ANOXI	A - CFREBRA	AALSY.	MENTA	PERFORMED?	AVAILABLE PRIOR TO COMPLETION DF CAUSE
MEDIC	RETAR DATION	SUB-MANDIB	WAR CI	AND	1 YES 2 NO	OF DEATH?
>	RESECTION.	SEIZUZE	BISOOK	-2	_	1 123 2 100
A	25. WAS CASE REFERRED TO MEDICAL		26. PL	ACE OF DEATH (Che	ck only one)	
Sic	EXAMINER? 1 YES 2 DYNO	HO9PITAL: 1 Pinpetient 2 ER/Outpetient 3	OTHER:	5 🗆 Rasidenca	6 Other (Specify)	.,
PHYSICIAN:	27. MANNER OF DEATH	26a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF 28c. INJURY WOR	JRY AT	28d. DESCRIBE HOW INJURY	OCCURED
ВУ	1 Netural 5 Pending 2 Accident Investigation			ES 2 NO		
	3 Suicide 6 Could not be	28e. PLACE OF INJURY — At hor building, atc. (Specify)	ne, farm, atreet, factory, office		28f. LOCATION (Street and Nur City or Town, State)	mber or Rural Route Number,
	4 Homicide determined					
P		CIAN: To the best of my knowledge, des	th occurred at the time, data	and place, and due	to the cause(a) and manner as	stated.
COMPLETED	2 MEDICAL EXAMINE	R: On the basis of examination and/or in	rvestigation, in my opinion, de	eath occured at the	time, data and piecs, and due	to the cause(a) and manner as stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIER	mD		29c. LICENSE NUM	BER 29d.	DATE SIGNED (Month, Day, Year)
TO	metalling			D2388	3	111140
-	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH (ITEM	1 27) (Type, Print)	cline.	Tan 0	Notes Hanning
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATURE	· INT. WA	SHING	IND LEDIL	ATRICS HOSPITAL
	11190 May 1647		ion-Randell			
	1 1 1 1 1 1	Mand better	A LANDER			

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BALTIMORE, MARY

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within ars after death. Page 6 is	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner mu
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HEGISTHAN										OFATH			3. TIME OF DEATH
1. DECEDENT'S NAME (First, Willi		Ford	-51.70						2. DATE OF MONTH		ñ 19	YEAR	12:30 A
4. SOCIAL SECURITY NUMB		5. SEX	6. AGE (In	yrs. lest birthday) YRS.	IF UNDER	DAYS	HOURS	MIN.	7. DATE OF (Month, D	BIRTH ex. (bar)	1938	Count	HPLACE (State or Foreig try) 9nna.
9a. FACILITY NAME (If not in	-	met and sumber)			Oh CITT	Y TOWAL	OR LOCATI	ON OF D		-/,		NTY OF I	
Washington			al			gersi		ON OF DI	CAIN			ing	
RESIDENCE OF DEC	EDENT					3							
Maryland	Wash	ington			ry, town o		TION						10d. INSIDE CITY LIMITS? 1 YES 2 X NO
10s. STREET AND NUMBER	110012	THE OOM		1200	Perp	-		_					
	ox 175	-C					1. ZIP COO 2174(				U . S		WHAT COUNTRY?
11. MARITAL STATUS	OV TIP	12. WAS DECEDEN	T EVER IN I	IS ARMED	13				NIC ORIGIN? (	Specify Ve	_		F - American Indian
Never Merried 2 🔊		FORCES?	X YES	2 NO		If yes, sp	celly Cubi	en, Mexica	in, Puerto Ric	an, etc.)		Spec	E — American Indian, ik, White, etc. i/ly: White
	EOENT'S EDUC y highest grade	CATION		6a. DECEDENT'S	USUAL O	OCCUPATION	ON		16b. K	ND OF BU	SINESS/IN	DUSTRY	WILL DO
Elementary/Secondary (0		College (1-4 or 5	4)	Itle. Do NOT L	use retired.)	uunng mo	DBE OF WORK	ng				4	
12	712)	College (F4 of 5		Machin:	ist			-117		Truc	k Mfg	7 a	
17. FATHER'S NAME (First, M	liddle, Last)						18. MOT	HER'S NA	AME (First, Mid	die, Melden	Sumame)		
Carl W.	Ford							Bes	sie V	. K	eller		Selection to
9s. INFORMANT'S NAME (		_		19b. MAILIN	G ADDRES				Route Number,			p Code)	
Mrs. Mary		-		R.D.					Hagers	town	, MD	21	740
METHOD OF DISPOSIT		oval from State		PLACE OF DISPO							CATION -		
□ Donation 8 □ Other	(Specify)	110111111111111	_   Ce	dar La			ND ADDRE		CB DY	Ha	gerst	own,	MU
TO TOWER	21	111				Grov	ve Fu	ner	al Hom	e, L	nc.	1	
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23. PART I. Enter the shock, or h IMMEDIATE CAUSE (Firdisease or condition resulting in death)	eart fiffilure.	List only one ca	use on eac	ch lina.	not ente	r the mo	ode of dy	ring, suc	ch aa cardla	c or reap		reat,	Approximate interval Betwoen Onset and D
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,

BALTIMORE, MARYLAND

	1 - STATE REGISTRAR	STATE OF MA					DEAT		MENTA	REG. NO.	E		
1	1. DECEDENT'S NAME (First, Middle, Last)	mn) FED	EROFF						MONT	OF DEATH	1	990	3. TIME OF DEATH 4:05 AM M
3	4. SOCIAL SECURITY NUMBER 578-03-5382	5, SEX 1 XM 2 F	8. AGE (In yrs. last	birthday) YRS.	IF UNDER	DAYS	IF UNDER	24 HRS.	7. DATE	OF BIRTH		8. BIRTN	PLACE (State or Foreign
N.	9a. FACILITY NAME (If not institution, give st Fallston General	reet and number) Hospital				1 TOWN C	R LOCATIO	ON OF DE				Harfo	
5	RESIDENCE OF DECEDENT			40 - 007	Y, TOWN						<u> </u>		
DIRECTOR		ford		Bel		OR LUCAI	ION						10d. INSIDE CITY LIMITS?  1 YES 2 1 NO
FUNERAL I	100. STREET AND NUMBER 222 Timber Trail,	Apt. C.				101	2101	4			10g. C	ITIZEN OF V	VNAT COUNTRY?
В	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT	YES 2 N			If yes, sp		n, Mexics	in, Puerto I	i? (Specify Yea Rican, etc.)	or No—	14. RACE Black Speci	
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)		(GA	ve kind of	se retired.)	during mo	ON st of workin	g	156	Dairy			
BE CON	17. FATNER'S NAME (First, Middle, Last) Stephen (nmn)	Federof	f					onic		Middle, Maiden		der	
TO B	196. INFORMANT'S NAME (Type/Print) William A. Hulmes	, Jr.	19b	133	Dunc	s (Street a	nd Number	or Rund	Bel.	Alr, I	d.	21014	
2	20s. METHOD OF DISPOSITION 1	oval from State	Mine F	of dispo	sition (Ni Bapti	ame of central	hurc	h Ce	emete	ery, S	cation	ylvar	ila, Pa.
	21. SIGNATURE OF FUNERAL SERVICE LIC	Un Con	uex	711	Ho	ward	'okes	McCa	omas v Roa	ad, Ab	inad	on, Mo	me, P.A.
	23. PART I. Enter the diseases, or cabook, or heart feiture. I IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one caus	ceused the dece on each line.	1	,	^	de of dyl		h aa can	diac or reapl	ratory a	arreat,	Approximate Interval Between Onset and Death
MOIT	Sequentially list conditions, if any, leeding to immediate	MYDC	or as a consec	UENCE O	Jac	tin	1						days to we
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO JU	A ~	OM (									years
MEDICAL	PART II. Other eignificent condition hypothypoidis Pakinsmum	a contributing to d	leath but not n	esuiting	In the u	ndarlying	g cause (	jiven in	Part I.	24s. WAS AN PERFOR	MED?	Y 24b	. WERE AUTOPSY FINDINGS AWALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	MOSPITAL:			OTHE	R:	ACE OF D			7			
	1 U VES 2 NO  27. MANNER OF DEATH  1. Netural 5 Pending	28a. DATE OF I	NJURY	28b, TIN		28c. INJ WO	PIC?		_	or (Specify) SCRIBE HOW I	NJURY (	OCCURED	
ED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF building, e	INJURY — At horte. (Specify)	me, farm,	street, fac		YES 2	] NO	28f. LOC City	ATION (Street or Town, State)	and Numi	ber or Rural i	Route Number,
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE												s) and manner as stated.
BE	2015 SHOWATH AND TITLE OF CURTIFIER	W					29c. LICI	ENSE NU					(Month, Day, Year)
OT.	PATRICA DU	O COMPLETED CAUSE BYOSKI	OF DEATH (ITEM	27) (Тур	e, Print)							-	
	JAN 16 90	38. REGISTRAF	S SIGNATURE	less						-			

DHMH-16 Rev 1/89

חבור-מוזים בובסס-מוזים	e retained by the hospital or attending physician.	e 5 should be detached for use as the burial-tran-	notified at once.
	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FLINERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transfilled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
10 . C. 10 . C. 10 . C. 10 . C. 10 . C. 10 . C. 10 . C. 10 . C. 10 . C. 10 . C. 10 . C. 10 . C. 10 . C. 10 . C. 10 . C. 10 . C. 10 . C. 10 . C. 10 . C. 10 . C. 10 . C. 10 . C. 10 . C. 10 . C. 10 . C. 10 . C. 10 . C. 10 . C. 10 . C. 10 . C. 10 . C. 10 . C. 10 . C. 10 . C. 10 . C. 10 . C. 10 . C. 10 . C. 10 . C. 10 . C. 10 . C. 10 . C. 10 . C. 10 . C. 10 . C. 10 . C. 10 . C. 10 . C. 10 . C. 10 . C. 10 . C. 10 . C. 10 . C. 10 . C. 10 . C. 10 . C. 10 . C. 10 . C. 10 . C. 10 . C. 10 . C. 10 . C. 10 . C. 10 . C. 10 . C. 10 . C. 10 . C. 10 . C. 10 . C. 10 . C. 10 . C. 10 . C. 10 . C. 10 . C. 10 . C. 10 . C. 10 . C. 10 . C. 10 . C. 10 . C. 10 . C. 10 . C. 10 . C. 10 . C. 10 . C. 10 . C. 10 . C. 10 . C. 10 . C. 10 . C. 10 . C. 10 . C. 10 . C. 10 . C. 10 . C. 10 . C. 10 . C. 10 . C. 10 . C. 10 . C. 10 . C. 10 . C. 10 . C. 10 . C. 10 . C. 10 . C. 10 . C. 10 . C. 10 . C. 10 . C. 10 . C. 10 . C. 10 . C. 10 . C. 10 . C. 10 . C. 10 . C. 10 . C. 10 . C. 10 . C. 10 . C. 10 . C. 10 . C. 10 . C. 10 . C. 10 . C. 10 . C. 10 . C. 10 . C. 10 . C. 10 . C. 10 . C. 10 . C. 10 . C. 10 . C. 10 . C. 10 . C. 10 . C. 10 . C. 10 . C. 10 . C. 10 . C. 10 . C. 10 . C. 10 . C. 10 . C. 10 . C. 10 . C. 10 . C. 10 . C. 10 . C. 10 . C. 10 . C. 10 . C. 10 . C. 10 . C. 10 . C. 10 . C. 10 . C. 10 . C. 10 . C. 10 . C. 10 . C. 10 . C. 10 . C. 10 . C. 10 . C. 10 . C. 10 . C. 10 . C. 10 . C. 10 . C. 10 . C. 10 . C. 10 . C. 10 . C. 10 . C. 10 . C. 10 . C. 10 . C. 10 . C. 10 . C. 10 . C. 10 . C. 10 . C. 10 . C. 10 . C. 10 . C. 10 . C. 10 . C. 10 . C. 10 . C. 10 . C. 10 . C. 10 . C. 10 . C. 10 . C. 10 . C. 10 . C. 10 . C. 10 . C. 10 . C. 10 . C. 10 . C. 10 . C. 10 . C. 10 . C. 10 . C. 10 . C. 10 . C. 10 . C. 10 . C. 10 . C. 10 . C. 10 . C. 10 . C. 10 . C. 10 . C. 10 . C. 10 . C. 10 . C. 10 . C. 10 . C. 10 . C. 10 . C. 10 . C. 10 . C. 10 . C. 10 . C. 10 . C. 10 . C. 10 . C. 10 . C. 10 . C. 10 . C. 10 . C. 10 . C. 10 . C. 10 . C. 10 . C. 10 . C. 10 . C. 10 . C. 10 . C. 10 . C. 10 . C. 10 . C. 10 . C. 10 . C. 10 . C. 10 . C. 10 . C. 10 . C. 10 . C. 10 . C. 10 . C	AN: The law requires that the death certificate be	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the filed within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal.	r item 23 shows any injury, or other traus
	TO THE HOSPITAL OR ATTENDING PHYSICIA	TO THE FUNERAL DIRECTOR: After this certi be filed within 72 hours after death with the	IMPORTANT: If Item 28 is marked, or

John S. Rogers. M 31. DATE FILED (Month), Day, Year) JAN 16'90

1. DECEDENT'S NAME (First, Middle, Last)			IFICATE			1	2. DATE	REG. NO		1 3	. TIME OF DEATH					
ROSARIO A.	FRA	ZIER					НТИОМ		AY 19	YEAR						
		n yrs. fast birtho	(av) IF UNDER	1 YEAR	IF UNDER	24 HRS.	9.00	DE BIRTH	-		ACE (State or Foreign					
0.0 0. 1020	□ M 2 🔀 F	53 YR	IS. MONTHS	DAYS	HOURS	_	Febr	uary		Country)	atemala					
2315 Randolph Road					er Sp					ontgo						
10a. STATE 10b. COUNTY		10c.	CITY, TOWN	OR LOCAT	ION					1	Dd. INSIDE CITY					
Maryland Mont	gomery		Rockv.	_							X YES 2 NO					
1611 Rockville Pik	e			101	2085					tema.	at country?					
1 Never Married 2 Narried	PORCES? 1 YES	27 NO	1 5	If yes, sp	ENDENT O	n, Mexican	, Puerto R	? (Specify Yealican, etc.)	or No-	14. RACE - Black, 1 Specify:	- American Indian, White, etc.					
3 Widowed 4 Divorced				.V.V			atema	alan			a Indian					
15. DECEDENT'S EDUCAT (Specify only highest grade con Elementary/Secondary (0-12)		(Give kind Ilfe. Do N	NT'S USUAL O d of work done OT use retired.)	during mo	ON st of working	g	16b.	KIND OF BU	siness/indi							
17. FATHER'S NAME (First, Middle, Last)	· ·	Dear	acicia.		16. MOTH	IFR'S NAM	AF (First A	fiddle, Meiden								
Ernesto Cuch					14 (44)	tonia			Surnamej							
19a. INFORMANT'S NAME (Type/Print)		19b, MAI	LINO ADDRES	S (Street a					m. Stete. Zio	Code)						
Eddie B. Frazier			L Rock								20852					
20s. METHOD OF DISPOSITION 1 X Burlal 2 Cremation 3 Remova	20b.		SPOSITION (No					20c. LC	CATION - C	City or Town	n, Stata					
1 X Burial 2 Cremation 3 C Remova 4 C Donation 6 C Other (Specify)			Heave	n		Ceme	etery				g, MD					
21. SIGNATURE OF FUNERAL SERVICE LICENS		M0067	2	ome/	Bet nsin	hesd Ave	a-Ch	obert eyy C Beth	A. Phase,	umphr Inc. Mary	ey Funer land,208					
23. PART I. Enter the diseases, or com ahock, or heart fallure. Lis	nplications that crused t only one cause on e	the death. ech line.									Approximate Interval Between					
IMMEDIATE CAUSE (Fine) disease or condition resulting in death) a	Acute myoc	ardial CONSEQUEN	disea	se.							Onset and De					
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENC	DE OF):													
CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENC	CE OF):													
PART II. Other algnificant conditions of	ontributing to death b	ut not result	ing in the u	nderlyin	g cause g	jiven in l	Part I.	24a. WAS AP			VERE AUTOPSY FINDIN					
								1 TYES		(	COMPLETION OF CAUS					
None					1		_				☐ YES 2 ☐ NO					
None		DE WAS CASE DESERBED TO MEDICAL														
25. WAS CASE REFERRED TO MEDICAL				26. Pt	ACE OF D	EATH (Che	HOSPITAL: OTHER:									
25. WAS CASE REFERRED TO MEDICAL EXAMINER?		etlent 3 🗆 Di	OTHE OA 4 1 Non	R:												
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 🛣 YES 2 🗆 NO H  27. MANNER OF DEATH  1 🛣 Natural 5 🗀 Pending	IOSPITAL: Inpatient 2 = ER/Outp 25a. DATE OF INJURY (Month, Day, Year)	-	OA 4 Num	R: reing Hom 28c. INJ WO	6 5 X Re	sidence	6 🗆 Othe		INJURY OCC	CURED						
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 X YES 2 NO  1. NAME OF DEATH	☐ Inpatient 2 ☐ ER/Outp  25a. DATE OF INJURY	— At home, fr	OA 4 INU	R: reing Hom 28c. INJ WO 1 🔲	DE S REPORTED PRINTERS 2	sidence	6 Othe 26d. DES 26f. LOC	r (Specify)	and Number		ute Number,					

D. 1919 Seminary Road.
32. REDISTRAR'S SIDNATURE
Gula Lavidson Pandelle

Silver Spring, Montgomery, MD

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TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within drs after death. Page 6 may be retained by the hospital or	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for he fled within 70 hours after death with the State Dent of Health and Mental Houlens prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	-	-

	FOR STATE REGISTRAR	STATE OF MARYLAND	/ DEPARTM			MENTAL HYGIEN				
	1. DECEDENT'S NAME (First, Middle, Last)	oseph Flemin				2. DATE OF DEATH MONTH D	AY YEA			
, i	4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE (In yrs.		UNDER 1 YEAR	IF UNDER 24 HRS.	Jan. 8,		RTHPLACE (State or Foreign		
	215-32-9343	1X M 2 □ F 82	YRS.	0 17	HOURS MIN.	(Month, Day, Year) Dec. 21,1	Co	untry)		
	Se. FACILITY NAME (If not institution, give			. CITY, TOWN	R LOCATION OF DE	ATH	9c. COUNTY O	F DEATH		
DIRECTOR	Frederick Memo	rial Hospita	1	Fr		derick				
EC	10a. STATE 10b. COUNT	Y	10c. CITY, T	OWN OR LOCA	TION		10d. INSIDE CITY			
DIR	Marvland Ho	oward_	M	t. Ai	ry			LIMITS?		
AL.	10e. STREET AND NUMBER	/waru			ZIP CODE		10g. CITIZEN C	F WHAT COUNTRY?		
ER/	16948 Frederic	k Road			2177	1	U.S.A.			
BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2 F IF YES, GIVE WAR OR DATES		13. WAS DECENDENT OF HISPANIC ORIGIN? (Specifityes, specify Cuben, Mexican, Puerto Ricen, etc. 1  YES 2 NO Specify:						
	15. DECEDENT'S EDU		DECEDENT'S US	UAL OCCUPATION	ON	16b. KIND OF BU	SINESS/INDUSTR			
E	(Specify only highest grad Elementery/Secondary (0-12)	completed) College (1-4 or 5+)	(Give kind of work life. Do NOT use re	done during montired.)	at of working					
PL	11 Yrs.	1 year	Farm	er						
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Melden	Surneme)			
BEC	J. Elmer Flem	ing			Laur	a Picket	t			
TO E	19a. INFORMANT'S NAME (Type/Print)					Route Number, City or Tow				
-	O. Pearl Flemi					ad Mt.Ai	ry, Mo	1. 21771		
	20a. METHOD OF DISPOSITION 15 Burlel 2 Cremation 3 Ren				netery, crematory or		CATION — City o			
	4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE U		lar Sp		Cemete		lar Sp	rings, Md.		
	> Charles	Burnion 1	0	Bur	rier Fu	uneral Ho Maryland	me	2.4		
	23. PART I. Enter the diseeses, or	complications that caused the	death, Do not	enter the mo	de of dying, suc	h se cardiac or resp	iratory arrest,	Approximate		
	IMMEDIATE CAUSE (Finel disease or condition	List only one cause on each li		- a	nest	*		Interval Between Onset and Death		
	reaulting in death)	DUE TO (OR AS A CON	SEQUENCE OF):					1		
z		Lavere a	vite	- se	envolin	2				
2	Sequentially liet conditions, if any, leading to immediate	t conditions, to immediate  DUE TO (OR AS A CONSEQUENCE OF):								
S	cause. Enter UNDERLYING CAUSE (Disease or injury	a								
CERTIFICATION	that initiated eventa resulting in death) LAST	DUE TO (OR AS A CONSEQUENCE OF):								
CE		d								
CAL	PART II. Other algnificent condition	na contributing to death but no	ot resulting in 1	the underlyin	g cause given in	Part I. 24a. WAS AN		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO		
	adenvara	morra of p	wite	Re		1 [] YES :		COMPLETION OF CAUSE OF DEATH?		
PHYSICIAN: MEDI		0/						1   YES 2   NO		
ä			_							
CE	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. P	ACE OF DEATH (Ch	eck only one)				
YSI	1 TYES 2 NO	1 Inpetient 2 ER/Outpetient	3 DOA 4	☐ Nursing Hon		8 Other (Specify)				
ВУ РН	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	26b. TIME O	Y WO	VES 2 NO	28d. DESCRIBE HOW	INJURY OCCURE			
	3 Suicide 6 Could not be 4 Homicide determined	26s. PLACE OF INJURY — At building, etc. (Specify)	home, farm, stre	et, factory, offic	•	281. LOCATION (Street City or Town, State		ral Route Number,		
COMPLETED		SICIAN: To the best of my knowledge,						300		
0	2 MEDICAL EXAMIN	IER: On the besis of examination and	or investigation,	in my opinion, o	leath occured at the	time, date and place, e	nd due to the cau	se(e) end manner as stated.		
BE	29b. SIGNATURE AND FITLE OF CENTURE	Man			29c. LICENSE NUI	MBER COC	/	NED (Month, Day, Year)		
10	1000				1026	7/13	1-/0	0-90		
	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF DEATH (	ITEM 27) (Type, Pri	int)						
	31. DATE FILED (Month, Day, Year)	90 32. REGISTRAR'S SIGNATUR	מל ו	-1.00						
	JAN 10	JU guha Di	mason-No	(Manage						
								DHMH-15 Rev 1/89		

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be fleet within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burkal, cremation, or removal.	IMPORTANT: It liem 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	1 - STATE REGISTRAR	SIAIE UF I	MAKYLANU /	ERTIF	ICATE	OF	DEA	TH	MENIAL HYG				
	1. DECEDENT'S NAME (First, Middle, Lass Robert L.	Flook	rt Lee I	FLOOK					2. DATE OF DEAT MONTH		1990	3.20 P. M	
	4. SOCIAL SECURITY NUMBER 214-34-769	6. SEX	6. AGE (In yrs. In		IF UNDER	1 YEAR DAYS	IF UNDER	MIN.	7. DATE OF BIRTH (Month, Day, Yes		Count	APLACE (State or Foreign	
OR	9a. FACILITY NAME (If not institution, give Washington Co	street and number)					TOW			9c. CO	UNTY OF D	eath ngton	
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY  10c. CITY, TOWN OR LOCATION							TION				10d. INSIDE CITY	
		hington		На	gers						1 🔀 YES 2 🗌 NO		
FUNERAL	411 Mitchell			101. ZIP CODE 21740					U.S.A.				
BY	1. MARITAL STATUS  1 Never Married 2 Married  3 Divorced	FORCES?	NT EVER IN U.S. AI 1 YES 2 WAR OR DATES			If yes, sp		nn, Mexica	HC ORIGIN? (Specifin, Puarto Rican, etc.)		pe or No- 14. RACE — American Indian, Black, White, etc.  Specify: White		
COMPLETED	15. DECEDENT'S Et (Specify only highest gra Etementary/Secondary (0-12)			ECEDENT'S She kind of a Do NOT u Eng:	work done	during ma		ng		Business/ii		any	
ш	17. FATHER'S NAME (First, Middle, Last) Leon R. F	look							ME (First, Middle, Me		)		
TO 88	19a. INFORMANT'B NAME (Type/Print) Mary Ann Floo	k	11						Route Number, City o			id. 21740	
	20a METHOD OF DISPOSITION 145 Burlal 2 Cremation 3 Re 4 Donation 6 Other (Specify)	movel from State	20b. PLACE Cede	OF DISPO	SITION (Na	me of cer	netery, crea	matory or	20	LOCATION -	ocation — City or Town, State agerstown, Maryland		
	21. SIGNATURE OF FUNERAL BERVICE	LICENSEE	-		22.	NAME A	ND ADDRE	SS OF FA	CILITY	INNIC	H FU	NERAL HOM	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO	O (OR AS A CONSE	EQUENCE O	DET:	Lu	7	)					
MEDICAL	PART II. Other algolficent conditi	ons contributing to	o death but not	resulting	in the ur	ndariyin	g cause	given in	PE	S AN AUTOPS REFORMED?	Y 246	D. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO	
ICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHE	R:			eck only one)				
BY PHYSICIAN:	1 YES 2 NO  27. MANNER OF DEATH  1- Naturel 5 Pending Investigation Investigation	28a. DATE O (Month,	F INJURY Day, Year)	28b, TII	_	28c. IN.	URY AT PRK?		6 Other (Specify 26d, DESCRIBE H		CCURED		
0	2 Accident investigatio 3 Suicide 6 Could not b 4 Homicide datarmined	28e. PLACE	OF INJURY — At h I, etc. (Specify)	URY — At home, ferm, street, factory, office				281. LOCATION (S City or Town,		ber or Rural	Route Number,		
COMPLET	29a. CERTIFIER (Check only one) 2 MEDICAL EXAM											s) and manner as steled.	
TO BE C	29b. SIGNATURE AND TITLE OF CERTS 30. NAME AND ADDRESS OF PERSON	7	On DEATH AV	EM 27 (3-			29c. LIC	CENSE NU	MBER 4262	29d. D	ATE SIGNED	(Month, Day, Year)	
	138 E. An	tieta-	m 54.	14		222	to	m	mis	217	140		
	JAN 04 90	32. REGISTA	AR'S SIGNATURE	- Band	elle)								

BALTIMORE, MARYLAND 21203-3146	L OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2. Hours after death. Page 6 may be retained by the hospital or attending physic	. DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial, hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	
Ų	67 U	ation,	
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	he law requires that the death certificate be executed within	. DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the bours after death with the State Dept, of Health and Merital Hygiene prior to burial, cremation, or removal.	
VIT	JAN: T	intificate he Stati	
OF	PHYSIC	this ce	
NO	DING	. After death	
DIVISI	L OR ATTER	DIRECTOR hours after	

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

4. SOCIAL SECURITY NUMBER  5. SEX  6. AGE (in yrs. last birthday)  FUNDER 1 YEAR IF UNDER 24 IMB.  O23-30-3898  100 M 2 F	NSIDE CITY JAITS? YES 2 NO OUNTRY?								
Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description	NSIDE CITY JAITS? YES 2 NO OUNTRY?								
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3 Wildowed 4 Divorced  IF YES, GIVE WAR OR DATES  1 YES 2 NO Specify:  Specify:  Specify:  Specify:  Specify:  Specify:  Specify:  Specify:  Specify:  Specify:  Specify:  Specify:  Specify:  Specify:  Specify:  Specify:  Specify:  Specify:  Specify:  Specify:  Specify:  Specify:  Specify:  Specify:  Specify:  Specify:  Specify:  Specify:  Specify:  Specify:  Specify:  Specify:  Specify:  Specify:  Specify:  Specify:  Specify:  Specify:  Specify:  Specify:  Specify:  Specify:  Specify:  Specify:  Specify:  Specify:  Specify:  Specify:  Specify:  Specify:  Specify:  Specify:  Specify:  Specify:  Specify:  Specify:  Specify:  Specify:  Specify:  Specify:  Specify:  Specify:  Specify:  Specify:  Specify:  Specify:  Specify:  Specify:  Specify:  Specify:  Specify:  Specify:  Specify:  Specify:  Specify:  Specify:  Specify:  Specify:  Specify:  Specify:  Specify:  Specify:  Specify:  Specify:  Specify:  Specify:  Specify:  Specify:  Specify:  Specify:  Specify:  Specify:  Specify:  Specify:  Specify:  Specify:  Specify:  Specify:  Specify:  Specify:  Specify:  Specify:  Specify:  Specify:  Specify:  Specify:  Specify:  Specify:  Specify:  Specify:  Specify:  Specify:  Specify:  Specify:  Specify:  Specify:  Specify:  Specify:  Specify:  Specify:  Specify:  Specify:  Specify:  Specify:  Specify:  Specify:  Specify:  Specify:  Specify:  Specify:  Specify:  Specify:  Specify:  Specify:  Specify:  Specify:  Specify:  Specify:  Specify:  Specify:  Specify:  Specify:  Specify:  Specify:  Specify:  Specify:  Specify:  Specify:  Specify:  Specify:  Specify:  Specify:  Specify:  Specify:  Specify:  Specify:  Specify:  Specify:  Specify:  Specify:  Specify:  Specify:  Specify:  Specify:  Specify:  Specify:  Specify:  Specify:  Specify:  Specify:  Specify:  Specify:  Specify:  Specify:  Specify:  Specify:  Specify:  Specify:  Specify:  Specify:  Specify:  Specify:  Specify:  Specify:  Specify:  Specify:  Specify:  Specify:  Specify:  Specify:  Specify:  Specify:  Specify:  Specify:  Specify:  Specify:  Specify:  Specify:  Speci	perican Indian,								
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17. FATHER'S NAME (First, Middle, Last)  18. MOTHER'S NAME (First, Middle, Maiden Surneme)									
Charles S. Fried Edith Franklin	Edith Franklin								
19a. INFORMANT'S NAME (Rype/Print) 19b. MAILING ADDRESS (Street and Number or Fural Route Number, City or Town, State, Zip Code) Same as 10 A-F									
1 1 Burial 2 (X Cremation 3 Bernoval from State other place)									
4 Donation 5 Other (Specify) Lee Funeral Home Crematory Clinton, Marylan									
21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY Lee Funeral Home, In 6633 Old Alexander Ferry Rd Clinton	inc. on, Md 2								
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25. WAS CASE REFERRED TO MEDICAL EXAMINER?  26. PLACE OF DEATH (Check only one)  26. PLACE OF DEATH (Check only one)  27. MANNER OF DEATH  28. DATE OF INJURY  28. DATE OF INJURY  28. DATE OF INJURY  28. DATE OF INJURY  28. DATE OF INJURY  28. DATE OF INJURY  28. DATE OF INJURY  1 Netural 5 Pending Investigation  28. DATE OF INJURY  1 Netural 1 Netural 1 Netural 2 Netural 2 Netural 3 Netural 3 Netural 3 Netural 3 Netural 3 Netural 3 Netural 3 Netural 3 Netural 3 Netural 3 Netural 3 Netural 3 Netural 3 Netural 3 Netural 3 Netural 3 Netural 3 Netural 3 Netural 3 Netural 3 Netural 3 Netural 3 Netural 3 Netural 3 Netural 3 Netural 3 Netural 3 Netural 3 Netural 3 Netural 3 Netural 3 Netural 3 Netural 3 Netural 3 Netural 3 Netural 3 Netural 3 Netural 3 Netural 3 Netural 3 Netural 3 Netural 3 Netural 3 Netural 3 Netural 3 Netural 3 Netural 3 Netural 3 Netural 3 Netural 3 Netural 3 Netural 3 Netural 3 Netural 3 Netural 3 Netural 3 Netural 3 Netural 3 Netural 3 Netural 3 Netural 3 Netural 3 Netural 3 Netural 3 Netural 3 Netural 3 Netural 3 Netural 3 Netural 3 Netural 3 Netural 3 Netural 3 Netural 3 Netural 3 Netural 3 Netural 3 Netural 3 Netural 3 Netural 3 Netural 3 Netural 3 Netural 3 Netural 3 Netural 3 Netural 3 Netural 3 Netural 3 Netural 3 Netural 3 Netural 3 Netural 3 Netural 3 Netural 3 Netural 3 Netural 3 Netural 3 Netural 3 Netural 3 Netural 3 Netural 3 Netural 3 Netural 3 Netural 3 Netural 3 Netural 3 Netural 3 Netural 3 Netural 3 Netural 3 Netural 3 Netural 3 Netural 3 Netural 3 Netural 3 Netural 3 Netural 3 Netural 3 Netural 3 Netural 3 Netural 3 Netural 3 Netural 3 Netural 3 Netural 3 Netural 3 Netural 3 Netural 3 Netural 3 Netural 3 Netural 3 Netural 3 Netural 3 Netural 3 Netural 3 Netural 3 Netural 3 Netural 3 Netural 3 Netural 3 Netural 3 Netural 3 Netural 3 Netural 3 Netural 3 Netural 3 Netural 3 Netural 3 Netural 3 Netural 3 Netural 3 Netural 3 Netural 3 Netural 3 Netural 3 Netural 3 Netural 3 Netural 3 Netural 3 Netural 3 Netural 3 Netural 3 Netural 3 Netural 3 Netural 3 Netural 3 Netural 3 Netural 3									
3 Suicide 4 Homicide Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)  28e. LOCATION (Street and Number or Rural Route Num City or Town, State)	umber,								
29a. CERTIFIER (Check only one)  29b. Sygnature and Title OF CERTIFIER  29b. Sygnature and Title OF CERTIFIER  29b. Sygnature and Title OF CERTIFIER  29c. LICENSE NUMBER  29c. LICENSE NUMBER  29d. DATE SIGNED (Month, Dayler of States)  29d. DATE SIGNED (Month, Dayler of States)	nanner as stated.								
296. SIGNATURE AND TITLE OF CERTIFIER  296. LICENSE NUMBER  29d. DATE SIGNED (Month),  1/9/8	Day, Year)								
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  4 hort whithy ms 9536 CRAIN Huy your marelboro #10 20772  31. DATE FILED (Month, Day, Your) / 32. REGISTRAR'S SIGNATURE	90								
JAN 10 '90 Julia Davidson-Randelle									

urs after death. Page 6 may be retained by the hospital or attending physician	filled in by the funeral director, page 5 should be detached for use as the burial-trai	on, or removal.	he medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within arter death. Page 6 may be retained by the hospital or attending physician	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-tran	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLE

	FOR							90	0188
	1 - STATE REGISTRAR	STATE OF MARYLA	CERTIFIC			MENTAL HYG REG.			
	1. DECEDENT'S NAME (First, Middle, Last)		OZ.III II I	DATE OF	DEATH	2. DATE OF DEAT	Н		E OF DEATH
	IRENE SARAH	FIELDS				MONTH 1 —	2- 199	YEAR 91	15 A. H
	4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE (I		IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		B. BIRTHPLACE	(State or Foreign
	214-10-7161	1 🗆 M 2 🔀 F	73 YRS. "	IONTHS DAYS	HOURS MIN.	(Month, Day, Yes	6	Md.	
	Se. FACILITY NAME (If not institution, give st	reet and number)	1	96. CITY, TOWN	OR LOCATION OF D	EATH		TY OF DEATH	
8	Rt#353 P.O. Box	172		Pitts	ville		W.	licomic	0
DIRECTOR	RESIDENCE OF DECEDENT  10s. STATE  10b. COUNTY		40. 0079	TOWN OR LOCA				Lastia	ISIDE CITY
8								L	MITS?
	Md. Wicom	100	Fr	uitlan	d M. ZIP CODE		T 40- 01717	EN OF WHAT CO	YES 2 NO
FUNERAL	423 W. Main St.			"	21862			EN OF WHAT CO	JUNIATY
W.	423 W. Main St.	12. WAS DECEDENT EVER IN	LILS ABMED	I 49 MBO DE		NIC ORIGIN? (Specif	USA	44 DACE Am	adaaa ladlaa
5	1 Never Married 2 Married	FORCES? 1 YES	2 X NO	If yes, s		en, Puerto Ricen, etc	.)	14. RACE — Am Black, White	, alc.
B	3x Widowed 4 Divorced	IF YES, GIVE WAR OR DA	ATES	1 1 7 1	S Z (X) NO Speci	ıy:		Specify: Whit	e
8	15. DECEDENT'S EDUC (Specify only highest grade	CATION	16a. DECEDENT'S U	SUAL OCCUPAT	ION	16b. KIND OI	BUSINESS/INDU		
μ	Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of wo life. Do NOT use	retired.)	ost or working				
4 4	11		Seamstr	ess	Carrier and	ManHat	ManHatton Shirt Factory		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S N	AME (First, Middle, Mi	ilden Surname)		
BE	Joseph Ennis				Estel	le Kelly	Ennis		
10	19a. INFORMANT'S NAME (Type/Print)					Route Number, City of			
2 -	Patricia Collins					Pittsvil			
150	20s. METHOD OF DISPOSITION 1\( \subseteq \text{ Burial 2 } \subseteq \text{ Cremation 3 } \subseteq \text{ Remation} \)	oval from State	other place)		,		LOCATION - C	F. 10 T. F. 1 N. W.	ta
	4 Donation 8 Other (Specify)		ringhill				bron, M	ſd.	
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	_/		Funeral	Home, In	nc.		
exa	William	M. Skor	11			Delmar, I		0	
	23. PART I. Enter the diseases, or o	complications that cause	the death. Do no					est,	Approximate
	shock, or heart fellure.  IMMEDIATE CAUSE (Final	List only one ceuse on #	ech line.						Interval Between Onset and Death
	disease or condition resulting in death)	. Ca of	Lun	20					2 yra
	resulting in death)	DUE TO (OR AS A	CONSEQUENCE OF					'	gra
Z		· Orem	onery.	eden	~				
CERTIFICATION	Sequentially list conditions, if any, isading to immediate	DUE TO (OR AS A	CONSEQUENCE OF)	:					
8 8	CAUSE (Disease or Injury	c							
	that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF)	•					
	readiting in death) LAST	d							
5	PART II. Other algolificant condition	s contributing to death b	out not resulting in	the underlyl	ng cause given i		S AN AUTOPSY	24b. WERE	AUTOPSY FINDINGS
E S	MIG						RFORMED?	COMP	ABLE PRIOR TO LETION OF CAUSE
	1					''''	ES 2 XNO	OF DE	ATH? YES 2 NO
AN: MEDICAL						-		1 .0	ES 2   NO
AN	25. WAS CASE REFERRED TO MEDICAL			26.	PLACE OF DEATH (C	theck only one)			
SICI IE	EXAMINER?	HOSPITAL:		OTHER:		6 Other (Specif)	d		
H Y	27. MANNER OF DEATH	28s. DATE OF INJURY	28b, TIME	OF 28c. If	JURY AT		OW INJURY OCC	URED	
marked, or item 23 shows any inj BY PHYSICIAN: MEDICAL	Netural 5 Pending investigation	(Morith, Day, Year)	INJU	IRY V	YES 2 NO		N/a		
	2 Accident Investigation 3 Suicide 6 Could not be	28a. PLACE OF INJURY	- At home, farm, at			281. LOCATION (S	treet and Number	or Rural Route N	umber,
ED 28	4 Homicide determined	building, etc. (Spec	спуј			City or Town,	N/ a/	1	

29a. CERTIFIER 1 X CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the firme, date and place, and due to the cause(a) and manner as stated. 20c. LICENSE NUMBER
200 9434 29d. DATE SIGNED (Month, Day, Year) 1-3-90

PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

706 Camden Ave. Salisbury, Md. 21801

31. DATE FILED (Month, Day, Year)

DHMH-16 Rev 1/89

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AN: Th	ificate I	State	r item
SICIAN: Th	certificate l	th the State	d, or item
BHYSICIAN: Th	or this certificate	th with the State	arked, or item
NDING PHYSICIAN: Th	: After this certificate I	death with the State	is marked, or item
UTENDING PHYSICIAN; Th	CTOR; After this certificate I	after death with the State	28 is marked, or item
OR ATTENDING PHYSICIAN: Th	DIRECTOR: After this certificate I	nours after death with the State	tem 28 is marked, or item
ITAL OR ATTENDING PHYSICIAN; Th	RAL DIRECTOR; After this certificate I	72 hours after death with the State	: If item 28 is marked, or item
HOSPITAL OR ATTENDING PHYSICIAN; Th	UNERAL DIRECTOR; After this certificate I	vithin 72 hours after death with the State	ANT: If item 28 is marked, or item
THE HOSPITAL OR ATTENDING PHYSICIAN; Th	THE FUNERAL DIRECTOR; After this certificate I	iled within 72 hours after death with the State	*ORTANT: If Item 28 is marked, or item
TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR; After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

WILLIAM ROBINS, M.D.

31. DATE FILED (Morith, Day, Year)

JAN 09 90

	FOR	STATE OF I	MARYLAND / DE					MENTAL HY	GIENE		0,000
	REGISTRAR		CER	TIFICAT	E OF D	DEATH	1		3. NO.		
- V	1, DECEDENT'S NAME (First, Middle, Las	")			_			2. DATE OF DE	DAY	YEAR	3. TIME OF DEATH
,	FITZSIMMONS,			lellie	ь.			1	8	90	1:00 A M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last birt	thday) IF UNDE		IF UNDER 24	HRS.	7. DATE OF BIR	TH (ser)	8. BIRT	THPLACE (State or Foreign
	218 20 7846	1 M 2 X F	80 Y	rrs.	DAYS H	IOUNS	Merre,	1/13	/09		aryland
	9a. FACILITY NAME (If not institution, give	street and number)		9b. CIT	Y, TOWN OR	LOCATION	OF DE			UNTY OF	DEATH
8	SALISBURY NURSIN	G HOME		SA	LISBU	RY, N	Mary	vland	wi	comi	co
DIRECTOR	RESIDENCE OF DECEDENT										
뿐	10a. STATE 10b. COUR		10	e. CITY, TOWN		N					10d. INSIDE CITY LIMITS?
	Maryland Wo	rcester		Snow	Hill						1 X YES 2 NO
AL	10e. STREET AND NUMBER				10f. Z	IP CODE			10g. Cl	TIZEN OF	WHAT COUNTRY?
FUNERAL	119 W. Mar	tin Stree	t			2	186	3		USA	A
S	11. MARITAL STATUS	12. WAS DECEDER	T EVER IN U.S. ARMED	13	WAS DECEN	IDENT OF I	HISPAN	IC ORIGIN? (Spec	offy Yea or No-	14. RA	CE — American Indian, ick, Whita, etc.
	1 Never Married 2 Married		YES 2 NO		If yes, specif			n, Puerto Ricen, e	(c.)		ick, White, etc.
BY	3 Widowed 4 Divorced					J. 110	ороску			-	White
ETED	15. DECEDENT'S Et (Specify only highest gra		16e. DECED	ENT'S USUAL O	OCCUPATION	ad at da a		16b, KIND	OF BUSINESS/IN	DUSTRY	
Щ	Elementary/Secondary (0-12)	College (1-4 or 8	Me Do	NOT use retired.	duning most (	or working					
교	5			Iomemak	er				Own Ho	me	
COMPL	17. FATHER'S NAME (First, Middle, Last)				1	IS. MOTHER	R'S NA	ME (First, Middle, I	Walden Surname)		
В	Garlie Layf	ield					Mai	linda J	ohnson		
100	19a. INFORMANT'S NAME (Type/Print)		19b. M/	AILING ADDRES	S (Street and	Number or		loute Number, City		In Carle	
2	N. Thomas Fitz	simmons						ow Hill			21863
	20a. METHOD OF DISPOSITION	3 THE POLICE	201 51 105 05 6							_	
	1 Buriel 2 Cremetion 3 Re	movel from State	other place)	pence	D 4	ery, cremeto	ory or	1	Oc. LOCATION -		
	4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE			pence	Bapti	St				ITTT	Maryland
	21. SIGNATURE OF PUBLICAL SERVICE	LILENSEE /		22	Denni:	S Fui	ner	al Home			
	Marches OF	4 hours	-		110 F	rank	lin	St., S	now Hil	7 1	dd. 21863
	23. PART I. Enter the disesses, o	complications the	et courad the death								
	anock, or heart fellus		at canoon the neath.	. Do not ente	r the mode	of dying	a, such	ss cardiac or	respiratory s	rrest.	Approximate
	III . I consent communication and consentration and consentration and consentration and consentration and consentration and consentration and consentration and consentration and consentration and consentration and consentration and consentration and consentration and consentration and consentration and consentration and consentration and consentration and consentration and consentration and consentration and consentration and consentration and consentration and consentration and consentration and consentration and consentration and consentration and consentration and consentration and consentration and consentration and consentration and consentration and consentration and consentration and consentration and consentration and consentration and consentration and consentration and consentration and consentration and consentration and consentration and consentration and consentration and consentration and consentration and consentration and consentration and consentration and consentration and consentration and consentration and consentration and consentration and consentration and consentration and consentration and consentration and consentration and consentration and consentration and consentration and consentration and consentration and consentration and consentration and consentration and consentration and consentration and consentration and consentration and consentration and consentration and consentration and consentration and consentration and consentration and consentration and consentration and consentration and consentration and consentration and consentration and consentration and consentration and consentration and consentration and consentration and consentration and consentration and consentration and consentration and consentration and consentration and consentration and consentration and consentration and consentration and consentration and consentration and consentration and consentration and consentration and consentration and consentration and consentration and consentration and consentration	a. List only one ca	use on each line.	. Do not ente	r ths mods	of dying	g, such	ss cerdiac or	respiratory s	rrest,	Approximate Interval Batween
	IMMEDIATE CAUSE (Final disease or condition	e. List only one ca	use on each line.	. Do not ente	r the mode	_	g, such	ss cerdiac or	respiratory s	rrest,	Approximate
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. List only one ca	use on each line.	. Do not ente	f the mode	_	g, such	ss cerdiac or	respiratory s	rrest,	Approximate Interval Batween
	disease or condition	a. Due to	OR AS A CONSEQUE	NOE OF	f the mode	_	g, such	ss cerdiac or	respiratory s	rrest,	Approximate Interval Batween
NO	disease or condition	a. DUE TO	OF AS A CONSEQUENT	NCE OFF	F e	_	g, such	as cordiac or	respiratory s	rrest,	Approximate Interval Batween
ATION	disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate	a. DUE TO	O TOP AS A CONSEQUED	NCE OFF	Fe la	_	g, such	ss cerdiac or	respiratory s	rrest,	Approximate Interval Batween
ICATION	Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	b. Ove to	OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSE	NOZE OFFE	T e	_	g, such	ss cerdiac or	respiratory s	rrest,	Approximate Interval Between
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YES 2 NO IV) HOW INJURY O	CCURED or or Rura	Approximate Interval Batween Onset and Daath  4b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO

RT.50& CIVIC AVE.

32. REGISTRAR'S SIGNATURE

Fishia Davidson-Randell

SALISBURY, MARYLAND

21801

DHMH-16 Rev 1/89

1 -	FOR STATE REGISTRAR
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## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - STATE REGISTRAR		CERTIF	ICATE O	F DEATH	REG	S. NO.			
1. DECEDENT'S HAME (First, Middle, Las				<del>-</del>	2. DATE OF DEA		VEAD	3. TIME OF DEATH	
Arthur Fi	fer				MONTH	06	90	1400	М
4 SOCIAL SECURITY HUMBER 216-14-3293		GE (In yrs. lest birthday)  66 YRS.	IF UNDER 1 YEA		7. DATE OF BIRT (Month, Day, ) 07-1	TN 6007) 9-23	Countr	PLACE (Stote or Fore) yland	gn
9e. FACILITY HAME (If not institution, give	a street and number)		9b. CITY, TOW	N OR LOCATION OF D			UHTY OF D	_	
Peninsula Ger		ital	Sai	Lisbury		W	licor	nico	
Peninsula Ger	Wicomico	10c. Cl	TY, TOWN OR LO	sbury				10d. IHSIDE CITY LIMITS? 1 YES 2 AM	0
		· .	2011	10f. ZIP CODE		10g. Cl	TIZEH OF V	WHAT COUNTRY?	_
100. STREET AND NUMBER 314 JOANN'S 11. MARHTAL STATUS 1 Never Married 2 Married				21801			J.S.		
3 Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 YE IF YES, GIVE WAR OF	RIMUS ARMED ES 2 NO RIDATES A MMY	If you	DECENDENT OF HISPA , specify Cuben, Mexico (ES 2 X NO Specif	en, Puerto Rican, e		14. RACE Bleck	- American Indian, k, White, etc.	
15. DECEDENT'S Et	DUCATION	16a. DECEDENT	S USUAL OCCUP	ATION	16b. KIND (	OF BUSINESS/IN	DUSTRY		
15. DECEDENT'S EI (Specify only highest gra Elemaniary/Secondary (0-12) 7 17. FATHER'S NAME (First, Middle, Last) Charles M	College (1-4 or 5+)	life. Do NOT I		perinten	dant	Main	tena	nce	
17. FATHER'S NAME (First, Middle, Last)			0		ME (First, Middle, I	Maiden Sumame)			
Charles M	. Fifer			Len	а	Div	eir		
		19b. MAILIH	O ADDRESS (Stre	et and Number or Rural	Route Number, City				_
Harriett A. F	ifer			nn's Way		sbury,		21801	
29. METHOD OF DISPOSITION		20h PI ACE OF DISEC	SELLION /Nome of	constant ammatan a		On LOCATION	Oh. a. T.	- Chat-	_
1 △ Burial 2 ☐ Cremation 3 ☐ Re 4 ☐ Donation 8 ☑ Dither (Specify)	emovel from State	Spring	ahill	Memory G	ardens	Hehn	- CD	Manulan	
21. SIGNATURE OF TUHERAL SERVICE	LICENSEE /	0	22. NAM	E AND ADDRESS OF FA	CILITY	TIEDI	OII,		
> Sugard	1 SALLA	· X	-					2180	11
23. PART I. Enter the diseeses, p	Jane		Boul	nds Fune	ral Ho	ne Sal	isbu	iry, MD	
iMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b.	OSCIETOT S A CONSEQUENCE O	OF):	rdiovasc	ular D	isease		Onset and I	Isath
CAUSE (Disease or injury	с								
that initiated events	DUE TO (OR A	S A CONSEQUENCE	OF):						
resulting in death) LAST	d								
PART II. Other significant conditi	ons contributing to deat	h but not resulting	in the underl	ying cause given in	P	VAS AH AUTOPSY PERFORMED? YES 2 NO	7 24b	MAILABLE PRIOR TO COMPLETION DF CAL OF DEATH?	
Z - Z								1   YES 2   NO	,
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 X YES 2 NO  27. MANNER OF DEATH	HOSPITAL:		OTHER:	L PLACE OF OEATH (C	heck only one)				
1 X YES 2 □ NO	1 Inpatient 2X EPV	Outpatient 3 DOA		Home 5 🗌 Realdence	8 - Other (Speci	My)			
27. MANNER OF DEATH	28e. DATE OF INJUI		ME OF 28c.	INJURY AT WORK?	26d. DESCRIBE	HOW INJURY O	CCURED		
1 X Hatural 8 Pending 2 Accident Investigation	n		M 1	YES 2 NO					
	28e. PLACE OF INJ building, etc. (3	URY — At home, farm, Specify)	, street, factory, e	office	251. LOCATION ( City or Town	(Street and Numb , State)	er or Aural i	Route Number,	
Tonioun only	YSICIAN: To the best of my ki							e) and manner as stat	ed.
				29c, LICEHSE NU				(Month, Day, Year)	
1 5	010	Deputy	M.E.	D035				06-90	
	eley, M.D.	DEATH (ITEM 27) (Typ	oe, Print)			ishuru			
31. DATE FILED (Month, Day, Year)			TOOL	Avenue	- Dar	LODULY	, Ille	ary Land	
JAN 9 '90	32. REGISTRAR'S S	- Ander							

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the fundary be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

DNMN-18 Rev 1/89

3. TIME DF DEATH 2000

10d. INSIDE CITY 1 TYES 2 NO

20877

20877

Approximate

AMAILABLE PRIOR TO

COMPLETION OF CAUSE 1 YES 2 NO

Onset and Death

8. BIRTHPLACE (State or Foreign Country)

96

9c. COUNTY OF DEATH

New

911

REG. NO

17

2. DATE OF DEATH

1-

7. DATE DF BIRTH (Month, Day, Year)

May

BALTIMORE, MARYLAND 21203-3146

FOR STATE REGISTRAR

Helen

SOCIAL SECURITY NUMBER

157 30 5478

9a. FACILITY NAME (If not institution, give street and number)

1. DECEDENT'S NAME (First Middle Last)

Arnaiz

5. SEX

1 M 2 F

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6,	Lenthin
1314	propertion
, P.O. BOX 13146,	difficulta ha
P.0	danth na
ECORDS	and the the
DIVISION OF VITAL RECORDS,	potential on attendant outsitivities. The law mentions show the death configurate he expected within
IVISION C	NO STEENSHIP OF
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permit. Pages 1, 2, 3 should DIRECTOR 101 Odenhal Avenue, #815 Gaithersburg Montgarry 10e. STATE 10h. COUNTY 10c. CITY, TOWN OR LOCATION Maryland Montgomery Gaithersburg FUNERAL 104. STREET AND NUMBER 10f. ZIP COOE 10g. CITIZEN DF WHAT COUNTRY? burial-transit 20879 #815 101 Odenhal Avenue. USA death. Page 6 may be retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, atc. If yes, specify Cuben, Mexican, Puerto Rican, stc.)

1 YES 2 NO Specify: 1 Never Married 2 Married Specify: White BY page 5 should be detached for use as the 3 Widowed 4 Divorced 8 15. DECEDENT'S EDUCATION 16a. OECEDENT'S USUAL OCCUPATION 16b. KINO OF BUSINESS/INDUSTRY (Specify only highest grade completed) (Give kind of work done life. Do NOT use retired.) COMPLET Elementary/Secondary (0-12) College (1-4 or 5 +) 12 Homemaker Own Home 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) notified at James Kelly Margaretha O'Rourke BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILIND ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 9501 Emory Grove Road, Gaithersburg, MD James V. Arnaiz P 20a. METHOD OF DISPOSITION 20b. PLACE OF OISPOSITION (Name of cometery, crematory or 20c. LOCATION - City or Town, State must Buriel 2 Cremation 3 Removal from State filled in by the funeral director, Parklawn Memorial Park Rockville, MD examiner 21. SIGNATURE OF PUNETIAL SPINICE LICENSEE 22. NAME AND ADDRESS OF FACILITY DeVol Funeral Home ale 10 E. Deer Park Dr. Gaithersburg 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardisc or respiratory errest, shock, or heart failure. List only one cause on each line. the medical cremation, or IMMEDIATE CAUSE (Fins) disesse Dr condition resulting in death) Cardiac attending physician and completely i traumatic event, OUE TO (OR AS A CONSEDUENCE OF): Caronam CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEDUENCE OF If sny, lesding to immediate cause. Enter UNDERLYING een signed by the attending physicial of Health and Memal Hygiene prior CAUSE (Disesse or injury injury, or other DUE TO (DR AS A CONSEDUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL 24a. WAS AN AUTOPSY 246. WERE AUTOPSY FINDINGS shows any 1 TES 2 NO peen PHYSICIAN: has be marked, or item 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? After this certificate death with the State HOSPITAL: OTHER: 1 Inpetient 2 ER/Outpetient 3 DOA 4 Nursing Home 6 Residence 8 Other (Specify) 27. MANNER OF DEATH 26a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 26d, DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation 1 YES 2 ND BY 2 Accident 26e. PLACE OF INJURY — Al home, farm, street, factory, office building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town. State) 3 Sulcide 60 ETED ( 6 Could not be DIRECTOR: / item 28 4 Homicide determined 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. COMPL FUNERAL within 72 h (Check only one) MPORTANT: If 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year) 로 보고 기를 Dren 11-90 280d 23 2 30. NAME AND ADDRESS OF PERSON WHD COMPLETED CAUSE DF DEATH (ITEM 27) (Type, Print) SC Be hu 8 218 WIS CONSIN guha Davidson Randell

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

MONTHS

IF UNDER 1 YEAR | IF UNDER 24 HRS.

HOURS

9b. CITY, TOWN OR LOCATION OF CEATH

MIN.

DAYS

Frieman

YRS

6. AGE (In yrs. last birthday)

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ocher

77 10 11 112

CALL MAN LAND SIZOS-3140	ars after death. Page 6 may be retained by the hospital or attending physician.	3 THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely limed in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should in fine within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	e medical examiner must be notified at once.
DIVISION OF VIEW PECCHES, T.C. DOX 13145,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within an after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely imed in by the fur be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE STATE REGISTRAR	OF MARYLAND / DE	PARTMENT OF H		NTAL HYGIENI REG. NO.	E	
	1. DECEDENT'S NAME (First, Middle, Last) Ruth M. GRAU			2.	DATE OF DEATH		3. TIME OF DEATH 2:15 AM M
	4. SOCIAL SECURITY NUMBER 5. SEX 5. 5. SEX 1 □ M 2	6. AGE (In yrs. last birth	hday) IF UNDER 1 YEAR MONTHS DAYS	HOURS MIN.	DATE OF BIRTH (Month, Day, Year) Oct. 11,	1906	ORTHPLACE (State or Foreign Onio
OR	BO. FACILITY NAME (IT not Institution, give street and num HOLY CROSS HOST	TAL	SI VLR	PRING	MD	Monta Monta	of Death
DIRECTOR	RESIDENCE OF DECEDENT  10a, STATE  10b, COUNTY	10	c. CITY, TOWN OR LOCAT	ION		- V	10d. INSIDE CITY
DIR	Maryland Montgomer	У	Wheaton				LIMITS?
	10s. STREET AND NUMBER		101	. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
ER	11901 Georgia Avenue			20902		United	States
BY FUNERAL	1 Never Married 2 Married FORCE	CEDENT EVER IN U.S. ARMED S? 1  YES 2 NO GIVE WAR OR DATES	If yes, sp	ENDENT OF HISPANIC Concily Cuben, Maxican, Pro 2 NO Specify:	ORIGIN? (Specify Yea uerto Rican, atc.)	1	RACE — American Indien, Black, White, atc. Specify: White
	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDI	ENT'S USUAL OCCUPATION IN THE PROPERTY OF WORK STATE OF WORK STATE OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROP	ON et of working	16b. KIND OF BUS	INESS/INDUSTI	RY
COMPLETED	Elementary/Secondary (0-12) College (1	Illin Do I	NOT use retired.)	et or working			
MP	12		Homemaker		Own I		
	17. FATHER'S NAME (First, Middle, Last)  Gustav M			18. MOTHER'S NAME	First, Middle, Malden S		vailable
BE	GUSLAV M	ueller		Anna			
2	Morton N. Goldstein,		ALLING ADDRESS (Street a				
	MORTON N. GOLDSTEIN,		DISPOSITION (Name of cer			ATION - City	D.C. 20007
	1 Seurial 2 Cremation 3 Removal from S	tate other place)	ore Nationa				Maryland
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	Darcinc	22, NAME AN	D ADDRESS OF FACILIT	TY		
	Rahus Jana	4 M0019	Robert 300 W Rocky	A. Pumphi lest Montgo ville, Mary	rey Funer omery Ave yland 20	al Hom nue 850	e/Rockville, Inc.
	23. PART i. Enter the diseases, or complication shock, or heart fellure. List only of	ns that caused the death.	Do not enter the mo	da of dying, auch as	a cardiac or reapi	ratory arrest,	Approximata Interval Between
	IMMEDIATE CAUSE (Finel disease or condition resulting in death)	CONGESTIV		RT FAIL	URE		Onset and Death
_		DUE TO (OR AS A CONSEQUENT SEVERE	LOBAL	PNEU	MONIA		
CERTIFICATION	Sequentielly list conditions, If any, leading to immediate	DUE TO (OR AS A CONSEQUEN				,	
N N	cause. Enter UNDERLYING CAUSE (Disease or Injury	CORONARY	ARI	ERY D	ISEASE		
밥	that initiated events resulting in deeth) LAST	DUE TO (OR AS A CONSEQUEN	ICE OF):				
55	d						
CAL	PART II. Other significant conditions contribu	ling to deeth but not resul	Iting in the underlying	g ceuse given in Par	t I. 24a. WAS AN		24b. WERE AUTOPSY FINDINGS
					PERFOR		AWAILABLE PRIOR TO COMPLETION OF CAUSE
MED							OF DEATH?
ž	-1						
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	AL		ACE OF DEATH (Check	only one)		
YSI		ent 2 ER/Outpetient 3 C	OTHER:	e 6 🗆 Residence 6 🗆	Other (Specify)		
Y PHYSICIAN:	1 XXVistural 5 Pending	ATE OF INJURY Wonth, Day, Year)		URY AT 28 PRK? YES 2 NO	d. DESCRIBE HOW IN	JURY OCCURE	:D
Э ВУ	3 Suicide 26a. F	LACE OF INJURY — At home,	farm, atreet, factory, offic	a 26	f. LOCATION (Street a	nd Number or R	ural Route Number,
Ī	4 Homicide determined	uliding, atc. (Specify)			City or Town, State)		
17	29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the	best of my knowledge, death of	occurred at the time, date	and place, and due to t	the cause(s) and man	ner as stated.	
COMPLETED	(Check only one) 2 MEDICAL EXAMINER: On the be						use(s) and menner as stated.
TO BE	296. SIGNATURE AND TITLE OF CERTIFIER	ohly WD		D36	589	DAN	UARI 8, 1990
	30. NAME AND ADDRESS OF PERSON WHO COMPLET	ED CAUSE OF DEATH (ITEM 27)	MD	12102	GEORGIA	AVEN	UE, WHEATON
	31. DATE FILED (Worth, Day, Year) 32. RI	GISTRAR'S SIGNATURE	dell				

DHMH-18 Rev 1/89

BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM			MENTAL HYGIENI REG. NO.	E	
1. DECEDENT'S NAME (First, Middle, Last) William Frederi					2. DATE OF DEATH	95	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 213-32-2748	5. SEX 6. AGE		F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month. Day Way) 9/15/35	Co	RTHPLACE (State or Foreign cuntry)
9a. FACILITY NAME (If not institution, give Bon Secours Ho		9	Baltim	R LOCATION OF DI	EATH	9c. COUNTY O	F DEATH
RESIDENCE OF DECEDENT  10a. STATE  10b. COUN'  Md.	тү		rown or locat	ION			10d. INSIDE CITY LIMITS?
10e. STREET AND NUMBER	di .	DOT 0		ZIP CODE			1 X YES 2 NO
11. MARITAL STATUS  1 Never Married 2 Married	12. WAS DECEDENT EVER IF FORCES? 1 YES	2 NO	If yes, sp		NtC ORIGIN? (Specify Yea an, Puerto Rican, etc.)	or No — 14. A	ACE — American Indian, Hack, White, etc.
3 Widowed 4 Divorced  15. DECEDENT'S ED	UCATION	18a. DECEDENT'S US	SUAL OCCUPATION	DN .	186. KIND OF BUS		White
(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 8+)	(Give kind of won life. Do NOT use n	ine ope		Glass	Indus	try
17. FATHER'S NAME (First, Middle, Last) William A. G	uyton				ME (First, Middle, Meiden Lma V. Fran	*	
19a. INFORMANT'S NAME (Type/Print) Estelle M. Guyton	a				Route Number, City or Town	n, State, Zip Code 21076	)
20e. METHOD OF DISPOSITION 1	moval from State	other place)  Loudon P				cation — city o	
21. SIGNATURE OF FUNERAL SERVICE L	СЕЗИЕЕ		Gary	L. Kauf		Home	
Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that infilleted events resulting in death) LAST	DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS	A CONSEQUENCE OF):  A CONSEQUENCE OF):	tory	Bleedi	ng.		
PART II. Other algnificant condition	one contributing to death	but not resulting in	the underlyin	g cause given in	Part I. 24s. WAS AN PERFOF	MED?	24b. WERE AUTOPSY FINDING AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 40
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		THER:	ACE OF DEATH (C			
27. MANNER OF DEATH 1 ▼ Natural 5 □ Pending	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME (	OF 28c. INJ		8 Other (Specify) 28d. DESCRIBE HOW I	NJURY OCCURE	D
2 Accident Investigation 3 Suicide 5 Could not b 4 Homicide determined	28a PLACE OF INJUR	Y — At home, farm, stre	eet, factory, offic	•	281. LOCATION (Street City or Powri, State)		rel Route Number, 251 BACTIMO
CONTROL DINY	SICIAN: To the best of my known NER: On the basis of examination						use(s) and manner as stated.
286. SHONATURE AND TITLE OF CERTIF	Las, 5	supc. Itous		29c. LICENSE NU	4710.	29d, DATE SIG	NED (Month, Day, Year)
A A POA	YHO COMPLETED CAUSE OF D	SURGICI		HOUSE	OFFICE	R-9	LOSPITAL
31. DATE FILED (MATH) 27 290	32. REGISTRAR'S 910	NATURE Pande	02				

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ORDS, F.O. BOX 13140, BALLIMONE, MANTLAND 21203-3140	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within rouns after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOA 13149,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fill be filed within 72 hours after cleath with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other i

DECEDENT'S NAME (First, Middle, Last						2. DATE OF DEA	DAY	YEAR	3. TIME OF DEATH
		Estelle				Jan.		990	11:30 A
I. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. lest birth	MONTHS	DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRT (Month, Day, Y	bar)	Coun	**
214-32-5759	1 🗆 M 2 🖳 F	81 Y	RS.			04/16			rch Hill
Do. FACILITY NAME (If not institution, give	atreet and number)		9b. CI1	ry, town o	R LOCATION OF D	EATH	9c. (	COUNTY OF	DEATN
at her home				Chu	cch Hil	1		dueen	Anne's
10a. STATE 10b. COUN	ITY	10-	c. CITY, TOWN	OR LOCAT	ION				10d. INSIDE CITY
Maryland Oue	en_Anne	1.5	Ch	urch	n Hill				LIMITS?
100. STREET AND NUMBER	zen Anne	5 [	CI		. ZIP CODE		10g.	CITIZEN OF	WHAT COUNTRY?
Rt. 1 Box	12 A				2162	2		II C	. A.
II. MARITAL STATUS	12. WAS DECEDE	NT EVER IN U.S. ARMED	10	. WAS DEC	ENDENT OF NISPA		offy Yes or No	_ 14. BAC	E - American indian.
Never Married 2 Married    Never Married 2 Married 2 Nivorced		1 ☐ YES 2 MNO WAR OR DATES			ecify Cuben, Mexic. 2 NO Speci		tc.)		ck, white, atc. icity: White
15. DECEDENT'S EC		16a. DECEDI	NT'S USUAL	OCCUPATION	ON	16b. KIND	OF BUSINESS	INDUSTRY	***************************************
(Specify only highest gra Elementary/Secondary (0-12)	College (1-4 or 8	His Do I	nd of work don VOT use retired	e auning mo !.)	ei or working				
10			sewif	e &	Nurse'	s Aide			
17. FATHER'S NAME (First, Middle, Last)						AME (First, Middle, I	Maiden Sumai	ne)	
Francis Man	cion Eve	erett			Maro	aret J	ane (	Cloud	h
19a. INFORMANT'S NAME (Type/Print)			ULING ADDRE	SS (Street a	and Number or Rural				
Harold Grift	fin	Rt	. 1	Box	14, Ch	urch H	ill.	MD	21623
20a. METNOD OF DISPOSITION					metery, cremetory or	12	Oc. LOCATIO	N — City or 1	Town, State QA C
I ☐ Burial 2 ☐ Cremation 3 ☐ Ra I ☐ Donation 5 ☐ Other (Specify)	movel from State		h Hil	1 C	emetery	l l	Churc		
1. SIGNATURE OF FUNERAL SERVICE-	LICENSEE		2	2. NAME A	NO ADDRESS OF F	ACILITY	-	CO CONTRACT	1502015 (1010)
> there is	1111	7			Helfenb				nes, P.A.
ahock, or haart fallun									Interval Batw
IMMEDIATE CAUSE (Final disease or condition resulting in death)	8			2	SCL	12			100000000000000000000000000000000000000
disease or condition resulting in death)	b	O (OR AS A CONSEQUE	ICE OF):	23	BC U	7.2			Interval Batwo
disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate	b	O (OR AS A CONSEQUE)	ICE OF):	00	3C U	5-			
disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	b	O (OR AS A CONSEQUE	ICE OF):	C. C.	SCU D.P. L Jopen	7-			100000000000000000000000000000000000000
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disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	b. DUE T	O (OR AS A CONSEQUEN	ICE OF):	C. C	J. P. L	Pert 1. 24a. V	MAS AN AUTO		Syst and De Syst T
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Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE T	O (OR AS A CONSEQUEN	ICE OF):	C. C	J. P. L	Part I. 24a, 1	PERFORMED		Diset and Do
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE T	O (OR AS A CONSEQUEN	ICE OF):	C. C	J. P. L	Part I. 24a, 1	PERFORMED		Ab. WERE AUTOPSY FINDINAVALABLE PRIOR TO COMPLETION OF CAUSO OF DEATH?
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DUE T  d	O (OR AS A CONSEQUENT O (OR AS A CONSEQUENT O (OR AS A CONSEQUENT O (OR AS A CONSEQUENT O (OR AS A CONSEQUENT O (OR AS A CONSEQUENT O (OR AS A CONSEQUENT O (OR (OR AS A CONSEQUENT O (OR (OR AS A CONSEQUENT O (OR (OR AS A CONSEQUENT O (OR AS A CONSEQUENT O (OR AS A CONSEQUENT O (OR AS A CONSEQUENT O (OR AS A CONSEQUENT O (OR AS A CONSEQUENT O (OR AS A CONSEQUENT O (OR AS A CONSEQUENT O (OR AS A CONSEQUENT O (OR AS A CONSEQUENT O (OR AS A CONSEQUENT O (OR AS A CONSEQUENT O (OR AS A CONSEQUENT O (OR AS A CONSEQUENT O (OR AS A CONSEQUENT O (OR AS A CONSEQUENT O (OR AS A CONSEQUENT O (OR AS A CONSEQUENT O (OR AS A CONSEQUENT O (OR AS A CONSEQUENT O (OR AS A CONSEQUENT O (OR AS A CONSEQUENT O (OR AS A CONSEQUENT O (OR AS A CONSEQUENT O (OR AS A CONSEQUENT O (OR AS A CONSEQUENT O (OR AS A CONSEQUENT O (OR AS A CONSEQUENT O (OR AS A CONSEQUENT O (OR AS A CONSEQUENT O (OR AS A CONSEQUENT O (OR AS A CONSEQUENT O (OR AS A CONSEQUENT O (OR AS A CONSEQUENT O (OR AS A CONSEQUENT O (OR AS A CONSEQUENT O (OR AS A CONSEQUENT O (OR AS A CONSEQUENT O (OR AS A CONSEQUENT O (OR AS A CONSEQUENT O (OR AS A CONSEQUENT O (OR AS A CONSEQUENT O (OR AS A CONSEQUENT O (OR AS A CONSEQUENT O (OR AS A CONSEQUENT O (OR AS A CONSEQUENT O (OR AS A CONSEQUENT O (OR AS A CONSEQUENT O (OR AS A CONSEQUENT O (OR AS A CONSEQUENT O (OR AS A CONSEQUENT O (OR AS A CONSEQUENT O (OR AS A CONSEQUENT O (OR AS A CONSEQUENT O (OR AS A CONSEQUENT O (OR AS A CONSEQUENT O (OR AS A CONSEQUENT O (OR AS A CONSEQUENT O (OR AS A CONSEQUENT O (OR AS A CONSEQUENT O (OR AS A CONSEQUENT O (OR AS A CONSEQUENT O (OR AS A CONSEQUENT O (OR AS A CONSEQUENT O (OR AS A CONSEQUENT O (OR AS A CONSEQUENT O (OR AS A CONSEQUENT O (OR AS A CONSEQUENT O (OR AS A CONSEQUENT O (OR AS A CONSEQUENT O (OR AS A CONSEQUENT O (OR AS A CONSEQUENT O (OR AS A CONSEQUENT O (OR AS A CONSEQUENT O (OR AS A CONSEQUENT O (OR AS A CONSEQUENT O (OR AS A CONSEQUENT O (OR AS A CONSEQUENT O (OR AS A CONSEQUENT O (OR AS A CONSEQUENT O (OR AS A CONSEQUENT O (OR AS A CONSEQUENT O (OR AS A CONSEQUENT O (OR AS A	ICE OF):  ICE OF):  Iting in the  DOA OTH  ODD TIME OF  INJURY  M  farm, street, f	undertyin  26. P  ER: tursing Non  28c. IN. 1   tectory, office	g cause given is  LACE OF DEATN (Cone 3) Residence JURY AT JAK?  YES 2 NO  e and place, and do death occurred at the course of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of the cone of	Part I. 24a, 1 ft 1 check only one)  S Check only one)  S Check only one)  28d. DESCRIBE  28d. LOCATION City or rown  see to the cause(s) one time, data and p	ity) NOW INJUR (Street and Ni., State)	Y OCCURED  umber or Rura  is stated, to the cause	Ab. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATN?  1 YES 2 NO

DHMH-16 Rev t/89

examiner must be notified at once.

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by it	be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remo	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medica
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REGISTRAR		CERTIFICA	ATE OF	DEATH		REG. NO.		
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE O	F DEATH		3. TIME OF DEATH
ALDA I	BIRD GREE	NIS			JAI		199	0 12:47 A M
4. SOCIAL SECURITY NUMBER	5. SEX 6. AG		UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE O			BIRTHPLACE (State or Foreign
269 28 6888	1 - M 2 N F 6	3 YRS. MON	THE DAYS	HOURS MIN.	(Month,	22/19	26	ENGLAND
9a. FACILITY NAME (If not institution, give			CITY TOWN	OR LOCATION OF DE	-/		c. COUNTY	
	11.00							
1676 SECRETAIR	LAT DR.	A	NNAPO	LIS		A	NNE	ARUNDEL
10a. STATE 10b. COUNT	Y	10c, CITY, TO	WN OR LOCA	TION				10d. INSIDE CITY
								LIMITS?
	ARUNDEL	ANN	ABOL1					1 YES 2 NO
10e. STREET AND NUMBER			10	1. ZIP CODE		1	log. CITIZEN	OF WHAT COUNTRY?
1676 SECRETAIR	IAT DR.			山 214	101		US	A
11. MARITAL STATUS	12. WAS DECEDENT EVER	IN U.S. ARMED		CENDENT OF HISPAN			No- 14.	RACE - American Indian,
1 Never Married 2 Merried	FORCES? 1 YE	DATES	1   YES	pecify Cuban, Mexica 3 2 NO Specify		can, atc.)		SpecifyWHITE
3 Widowed 4 Divorced	100000000000000000000000000000000000000							
15. DECEDENT'S EDU (Specify only highest grad		16a. DECEDENT'S USU (Give kind of work	AL OCCUPATI	ON .	16b.	KIND OF BUSIN	ESS/INDUST	TRY
Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use ret	lined.)	ust or working				
12		REAL EST	CATE	BANKTN	G	DAMI	KING	
17. FATHER'S NAME (First, Middle, Last)		11/14271	AIU	18. MOTHER'S NA	-		44.00	
	D							
ROBERT BIR	U					IGHAM		
19a. INFORMANT'S NAME (Type/Print)		19b. MAILINO ADI	DRESS (Street	and Number or Rural i	Houte Numbe	r, City or Town,	State, Zip Coo	de)
ABRAHAM GREEN		1676 SI	CRET	ARIAT D	R. A	NNAPO	LTS.	MD. 21401
26e, METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 Ren	2	other place)	N (Name of ca	metery, crematory or		20c. LOCA	TION City	or Town, Stata
4 Donation 5 Other (Specify)	NOVEL ITOM SUITE	METROPOLI	MAN	SERVICE		ATE	x. v	
27. SIGNATURE OF FUNERAL SERVICE L	ICHNSEE //	/		ND ADDRESS OF FA	CILITY			
(LL. 11)	141							
Truely M.	My/m							olis, Md.
23. PART I. Enter the diseases, or	complications that cause	ed the death. Do not	enter the m	ode of dying, auc	h aa cardi	ac or reapira	tory arrest	
IMMEDIATE CAUSE (Fine)	. List only one cause or	each line.						Interval Between Onaet end Death
disesse or condition	Mede	2 sitil		Cell	/	A.	04	- Greath
resulting in death)	e. DUE TO COR A	S A CONSEQUENCE OF:	water	ull	Ley	g ca	ncer	o ruesu a
	א אוטן טו שטע	S A CONSECUENCE OF J.				/		
Sequentially list conditions,	b	S A CONSEQUENCE OF):						
If eny, leeding to immediate	DOE TO (ON A	S A CONSEQUENCE OF):						
CAUSE (Disease or Injury	c							
that initiated events	DUE TO (OR A	S A CONSEQUENCE OF):						
resulting in death) LAST	d							
DART II. Other elemiticant condition	no contribution to deat	h bud med mondalm o In Al	ha conditated	a sauce at a ta	Deat I	NWO 141 41	ITABAN	Last week attracted particular
PART II. Other eignificant condition	na contributing to death	n but not reauting in t	ne underiyii	ng cause given in	Part I.	24a, WAS AN AL PERFORM		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
						1   YES 2	NO	COMPLETION OF CAUSE OF DEATH?
						(		1   YES 2   NO
					_			
25. WAS CASE REFERRED TO MEDICAL			26.1	PLACE OF DEATH (C)	back only on			
EXAMINER?	HOSPITAL:	0	THER:					
1 YES 2 NO				me 5 Residence	_			
27. MANNER OF DEATH	28a. DATE OF INJUR (Month, Day, Yea			JURY AT ORK?	28d. DES	CRIBE HOW INJ	IURY OCCUR	RED
1 Natural 5 Pending 2 Accident Investigation			M 1 🗆	YES 2 NO				
3 Suicide 8 Could not be	28e. PLACE OF INJU- building, etc. (5	JRY At home, farm, street	et, factory, off	ca	281. LOCA	ATION (Street and or Town, State)	d Number or	Rural Route Number,
4 Homicide determined	Somery, etc. (S	7			City o	. Autr., State)		
29a. CERTIFIER	PICIANI, To Market 1	and the second second			. 4		La La Casa de	
(Check only	SICIAN: To the best of my kr							
2 MEDICAL EXAMIN	IER: On the besis of axamin	ition and/or investigation, is	n my opinion,	death occured at the	e time, date	and place, and	due to the c	ause(s) and manner as stated.
20b. SIGNATURE AND TITLE OF CERTIF	ERA 1 -			29c. LICENSE NU	MBER		29d. DATE S	MED (Month, Day, Year)
Couses W	Colle			D163	54		D//	13/90
30. NAME AND ADDRESS OF PERSON W	THO COMPLETED CAUSE OF	DEATH (ITEM 27) (Type Pri	ne)		- /		- /	
EW COLE IL		ANKLIN .		ANNA	Pal	15 11	1 1	1401
			J , ,	1701011	104	2 10	4 -	~ 1 - 1
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S S	IGNATURE						

## TO THE HOSPITAL OR ATTENDING TO THE FUNERAL DIRECTOR: Attack be filed within 72 hours after deal IMPORTANT; If Item 28 is in

TO BE COMPLETED BY FUNERAL DI	Hart RESIDENT 10e. STATE MD  10e. STREET 1472  11. MARITAL 3 1 Never M 3 Widowe  Elementar  17. FATHER'S JOSE 19a. INFORM/ Mr S. 20e. METHOD 1 1 Burlel 4 Donetlo
TION	23. PART i.  iMMEDIATE disease or resulting in  Sequentieli if any, ieed
PHYSICIAN: MEDICAL CERTIFICA	Cause. Enter CAUSE (bit that initiate resulting in PART II. Of PART II. Of Examine 1 Yes 27. Manner 1 Neture 2 Acete 3 Suid
	BY PHYSICIAN: MEDICAL CERTIFICATION TO BE COMPLETED BY FUNERAL DIRECTOR

STATE OF MARYLAND / DEPARTMEN	IT OF HEALTH AND	MENTAL HYGIENI
CERTIFICAT	E OF DEATH	REG. NO.

	FOR STATE REGISTRAR	STATE OF MARY	LAND / DEPARTI CERTIFIC			MENTAL HYGIENI REG. NO.	E		
	1. OECEDENT'S NAME (First, Middle, Last) John	Henry	Grant		х	2. DATE OF OEATH MONTH 01/18/	990 . YEAR 3. TIME OF GEATH		
	4. SOCIAL SECURITY NUMBER 578-66-0088	1 M 2 D F	40 · YRS.	F UNDER 1 YEAR DAYS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 01/16/50	D	IRTHPLACE (State or Foreign ountry)	
TOR	90. FACILITY NAME (If not institution, give Harbor Hospital	street and number)		Baltime	R LOCATION OF DE	MD	9c. COUNTY C	OF DEATH	
DIRECTOR	10s. STATE 10b. COUNT	e Arundel	Crof	ton	ON			10d. INSIDE CITY LIMITS? 1 YES 2 NO	
FUNERAL	1472 Mara Vista	Court		101.	ZIP CODE 211	14	U.S.	OF WHAT COUNTRY? A.	
⋒	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	IN U.S. ARMED  B 2 PRO  DATES		city Cuban, Mexica	IIC ORIGIN? (Specify Yea n, Puarto Rican, atc.)		RACE — American Indian, Black, White, etc. Specify: Black		
COMPLETED	15. DECEOENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)	UCATION le completed) College (1-4 or 5+)		k done during mos etired.)	N t of working	16b. KIND OF BUS		iY	
	17. FATHER'S NAME (First, Middle, Last)  Joseph Grant		Cab Dri	ver		Royal (	Surname)		
TO BE	190. INFORMANT'S NAME (Type/Print) Mrs. Jean Gray					ine Jenkins  Route Number, City or Town  Crofton	n, State, Zip Code	MD 211.14	
	20a. METHOD OF DISPOSITION  1 Burlel 2 Cremation 3 Rer  4 Donation 5 Other (Specify)	noval from State	ob. PLACE OF DISPOSIT other place) Metro Crem	ION (Name of cerr		20c. LOC	CATION — City o	or Town, State	
	21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE	1/		o Funera	400 K	itchie <i>r</i> erna P	Hwy. ark MD 21146	
CERTIFICATION	immediate Cause (Final disease or condition resulting in death)  Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF):	NDROS	ARCOM, LESTA	A OF RIGHT	THIA UNG D	Interval Batween Onset and Death	
PHYSICIAN: MEDICAL CI	PART II. Other eignificant condition	one contributing to death	but not resulting in	tha underlying	cause given in	Part i. 24e. WAS AN PERFOR 1 TYES 2	MED?	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1  YES 2  NO	
ICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		THER:	ACE OF OEATH (Ch				
ă I	27. MANNER OF SEATH  1 Natural 5 Pending 2 Accident Investigation		28b. TIME	OF 28c. INJ	JRY AT RK? ES 2 NO	8 Other (Specify) 284. DESCRIBE HOW II		·	
ETED	3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 28e. LOCATION (Street and Number or Rural Floure Number, City or Town, State)								
COMPLETED	cont only	SICIAN: To the best of my knoter. On the basis of examinate				time, data and place, an	d due to the cau	use(a) and menner as stated.	
TO BE	30. NAME AND ADDRESS OF PERSON W	P. R. DESHI, P	DEATH (ITEM 27) (Type, P	STAFF	- 4		<b>&gt;</b> //	18/90	
	31. DATE FILED (MONTH, Day, Year)  JAN 2 3 19	32. BEGISTRAR'S SH 90 Julia David	R 3001 S.  Son-Rindelle	HANOV	ER ST-	BALTIN	rose,	MD 21230	

3. TIME OF DEATH

P

YEAR

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

1	WINTERE	D A. GRO	)W_				IAN 17		agal	( P
	4. SOCIAL SECURITY NUMBER 220 44 7706	5, SEX 1  M 2  F	AGE (In yrs. lest b	"	F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 9/5/19			CE (State or Foreign
TOR	9a. FACILITY NAME (If not institution, give street and number)  9b. CITY, TOWN OR LOCATION OF DEATH  321 ROGERS HEIGHTS  ANNAROLIS  ANNE ARUNDI  RESIDENCE OF DECEDENT									
DIRECTO	10a STATE 10b COUNTY	ARUNDEL ANNAPOLTS						10d. INSIDE CITY LIMITS?  1		
FUNERAL	10. STREET AND NUMBER	UDICUEC				of. ZIP CODE		10g. CIT	U.S.	COUNTRY?
BY	11. MARITAL STATUS 1   Never Married 2   Married 3   Widowed 4   Divorced	IRITAL STATUS  12. WAS DECEDENT EVER IN U.S. A FORCES? 1 VES 2 2  EVER SUIT WAS DECEDENT EVER IN U.S. A FORCES? 1 VES 2 2  EVER SUIT WAS NO DATES				NO If yes, specify Cuban, Maxican, Puer				American Indian,
LETED	(Specify only highest grade Elementary/Secondary (0-12)	itary/Secondary (0-12) College (1-4 or 5+)				ION lost of working	16b. KIND OF B		DUSTRY	
COMPLET	12 17. FATHER'S NAME (First, Middle, Last)			MEMA	AKER		ME (First, Middle, Melde	OME m Surname)		
BE	THORNTO	N ROGERS	-	MAILING A	DDRESS (Street	MAUDE and Number or Rural	E E a	own, State, Zi	DITC	H
10	MARGARET E. MCC		20b. PLACE OF	DISPOSIT		Height	S Annao		Md . City or Town,	
	1 Burial 2 Cremation 3 Fem 4 Donation 8 Other (Specify) 21: SIGNATURE OF FUNERAL SERVICE LIE	-0	ARLIN			ONAL AND ADDRESS OF FA	AR	LING	TON.	VA.
	Durale d. S	Pota					ral Cha	pel		
CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b.	Aspu	186	ion	an Sep othit Disi	y nisn	dy.		Onset and De
MEDICAL O	PART II. Other algolificant condition	aulting in	PERFORMED?  1 YES 2 NO OF DEA			ERE AUTOPSY FINDII MILABLE PRIOR TO DIMPLETION OF CAUS F DEATH?  YES 2 NO				
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			26. I	PLACE OF DEATH (C)	heck only one)			
/ PHYSICI	1   YES 2   NO  27. MANNER OP DEATH  1   Netural 5   Pending	28s. DATE OF IN	Inpatient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 & 28e. DATE OF INJURY (Month, Dey, Year) 28b. TIME OF INJURY WORK?			NJURY AT	RK?			
TED BY	2 Accident Investigation 3 Suicide 8 Could not be detarmined   4 Homicide    28e. PLACE OF INJURY — At home, farm, street, factory, office							er or Rural Rou	te Number,	
COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYS	ICIAN: To the best of m								nd manner se state
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIE	Samo	rmy	>		29c. LICENSE NU	MBER 8314	29d. DA	1	onth, Day, Year)
T	30. NAME AND ADDRESS OF PERSON WY	· Som	same	27) (Type, F	-	2140	1			
	JAN 19 199	O Sulia Dav	doon from	tall						

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

2. DATE OF DEATH MONTH DAY

i i i i

32

BALTIMORE, MARYLAND 21203-3146

	TO THE HOSPITAL, OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for big as	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If them 28 is marked or them 23 shows any Injury or other traumatic event, the medical examiner must be notified at once.
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'90

31. DATE FILED (Month 1/16)

32. REDISTRIATS SIGNATURE
Julia Davidson-Randall

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	1 - FOR STATE OF MARYLAN	OERTIFIC	MENT OF H	DEATH DEATH	WENTAL HYGIE	WE III COP	ing.		
	1. DECEDENT'S NAME (First, Middle, Last) ROBERT A. GRING		08	/21/22	2. DATE OF DEATH JANUARY	PAT 5 19	3. TIME OF OEATH 7:30 a.m. M		
~	4. SOCIAL SECURITY NUMBER 5. SEX 1 X M 2 F 6. AGE (In yrs. lest birthday) 1 X M 2 F 6. AGE (In yrs. lest birthday) 1 YRS.  6. AGE (In yrs. lest birthday) 1 YRS.  6. BIRTH (Month, Day, Year) 5 - 21 - 22  Ma. S 90. FACILITY NAME (If not institution, give street and number)  THE JOHNS HOPKINS HOSPITAL  6. BIRTHGOUNTY 5 - 21 - 22  Ma. S 90. COUNTY OF DE  SALTIMORE CITY								
TOF	RESIDENCE OF DECEDENT	P.	ALITION	E CITI		DEWAX	UNI.NIV.C.X		
DIRECTOR	10e. STATE 10b. COUNTY		nstea (				16d. INSIDE CITY LIMITS?  1 YES 2) (NO		
	Maryland Carroll 10. STREET AND NUMBER		101	ZIP CODE		10g. CITIZE	EN OF WHAT COUNTRY?		
ER	4205 Delight Ct.			21074			USA		
BY FUNERAL	11. MARHTAL STATUS  1 Nover Married 2 Married 12. WAS DECEDENT EVER IN U FORCES? 1 YES IF YES, GIVE WAR OR DATE	S. ARMED 2 NO ES	Il yes, sp		IIC ORIGIN? (Specify Yen, Puerto Rican, etc.)	ne or No-	14. RACE — American Indian, Black, White, etc. Specify:		
	15. OECEDENT'S EDUCATION	6a. DECEDENT'S U	SUAL OCCUPATION	n n	16b, KIND OF BI	ISINESS /INDI	White		
COMPLETED	(Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5+)  A. V.T.S. college	(Give kind of wo life. Do NOT use	rk done during mo retired.)	at of working	IND OF BU	JSINESS/INDO	SINY		
OM	17. FATHER'S NAME (First, Middle, Lest)		gemen		ME (First, Middle, Maide	n Surname)			
BE C	Rev. Ambrose Daniel Grin;	_			ude Shef				
TO	Mrs. Mary B. Gring				Hampste				
	29a. METHOD OF DISPOSITION 20b. P			metery, crematory or	20c. L	OCATION — C	lly or Town, Slata		
	4 Donation 6 Other (Specify) Carroll Cremation Service Hampstead, Md.  21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY								
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  Attever W. Eline  22. NAME AND ADDRESS OF FACILITY Eline Funeral Home 934 S. Main St. Hampstead Md. 21.07/4								
	23. PART I. Enter the diseases, or complications that caused t shock, or heart failure. List only one cause on each immediate CAUSE (Final disease or condition		t enter the mo	de of dying, auc	h as cardiec or rea	piratory arre	Approximate interval Between Onset and Death		
	resulting in death) a. OUE TO (OR AS A C	ONSEQUENCE OF):							
ATION	Sequentially flat conditions, If any, leading to immediate cause. Enter UNDERLYING  One of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the c								
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST  C. Pnewnothorwy  Due to (or as a consequence of):  d.								
PHYSICIAN: MEDICAL C	PART II. Other algnificant conditions contributing to death but	not resulting in	the underlyin	g ceuse given in		ORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO		
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:								
HYS	1 YES 2 NO 1 Inpetient 2 ER/Outpet 27. MANNER OF DEATH 25e, DATE OF INJURY	fent 3 DOA 25b. TIME	OF 28c. IN.	JURY AT	5 Other (Specify) 28d. DESCRIBE HOW	/ INJURY OCC	URED		
ВУ Р	1 Natural 5 Pending (Month, Dey, Year) INJURY WORK? 2 Accident Investigation M 1 YES 2 NO								
TED	3 Suicide 6 Could not be determined 28e. PLACE OF INJUSY — All home, farm, street, factory, office City or Rown, State) 28t. LOCATION (Street and Number or Rural Route Number, City or Rown, State)								
COMPLET	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination of					and due to the	cause(a) and manner as stated.		
BEC	290. SIGNATURE AND XITLE OF OFFITIFIER  L. Kaynolds MO			29c. LICENSE NU	MBER	29d. DATE	SIGNED (Month, Day, Year)		

BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146.

			DEPARTMENT OF HEALTH AND MERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.	
		1. DECEDENT'S NAME (First, Middle, Lest) D. Green		2. DATE OF DEATH	3. TIME OF DEATH 3: 10 PM
		4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. los 7/3-13-703/1) 1) M 2   F	t birthday)  IF UNDER 1 YEAR  IF UNDER 24 HRS.  MONTHS  DAYS  HOURS  MIN.		BIRTHPLACE (State or Foreign
3 should	В	Ba. FACILITY NAME (If not institution, give street and number)  MCCC- MCCL.	Baltimore		OF DEATH
1. 2,	MECTOR	RESIDENCE OF DECEMENT  10a STATE  10b. COUNTY	10c. CITY/TOWN,OR LOCATION,		10d. INSIDE CITY
€B	AL D	100. STREET AND NUMBER	Mestminster 101. ZIP CODE	10g. CITIZEN	1 ☐ YES 2 NO  OF WHAT COUNTRY?
physician. buri Hermill	FUNE	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. AR			RACE American Indian,
attending physe as the buri	BY	1 Never Married 2 Married   FORCES? 1 YES 2 N IF YES, GIVE WAR OR DATES	If yes, specify Cuben, Mexical  1 VES 2 NO Specify		th, te
al or	LETED	(Specify only highest grade completed) (G	CEDENT'S USUAL OCCUPATION ive kind of work done during most of working Do NOT use retired.)	166. KIND OF BUSINESS/INDUST	1/1 / (s)
be detached it	COMPL	17. FATHER'S MAME (First, Middle, Last)	Wine 18. MOTHER'S, NA	ME (First, Middle Maiden Surname)	(1000
should liffed	TO BE	18 MANT'S MAME (Typo/Print) 190	b. MAILING ADDRESS (Strong and Number or Ryral F	Pigne Number, City of flown, State, Zip, Coo	6/200
y be rage 5		20s. METHOD OF DISPOSITION 1 METHOD OF DISPOSITION 3 Removal from State	DISPOSITION (Name of competery, cremetory or	206. LOCATION - CHY	or Town, State
. Page 6 ma ral director, p		4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNE OLL SERVICE MCENSEE	22. NAMES AND ADDRESS OF EA	GILITY (CILITY)	ster pho
ins after death. Pag in by the funeral difference of removal.		23. PART I. Enter the diseases, or complications that caused the de	Theod Jele	the Dar W	Strinster Bd.
DO DO E		shock, or heert feliure. List only one cause of each line immediate CAUSE (Final disease or condition	ain. Do not entar the mode or dying, such	n as cardiac or respiratory arrest,	Approximate Interval Between Onset and Death
ompletel ompletel al, crema		resulting in death)  DUE TO (OR AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTI		/ / /	3 4.75
and and parti	ATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	abstructive 1	Lung discis	2 1/2.
Phy Dhy	ERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	DUENCE OF):		
the atten Mental H	CAL CEF	PART II. Other significant conditions contributing to deeth but not r	eaulting in the underlying ceuse given in		24b. WERE AUTOPSY FINDINGS
Z 20 2		Coconory . tery d	1scise	PERFORMED?,	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Dept 23	AN: M	25. WAS CASE REFERRED TO MEDICAL	26. PLACE OF DEATH (Ch	and only one)	1 UPES 2 NO
PHYSICIAN: The this certificate h with the State I with the Med, or Item	PHYSICIAN:	EXAMINER?  1 YES 2 NO  1 Inpetient 2 ER/Outpetient 3  27. MANNER OF DEATH  26e. DATE OF INJURY	OTHER:		
DING PHYS After this of death with s marked	ву Р	1 Natural 5 Pending (Month, Day, Year) 2 Accident Investigation	INJURY WORK?  M 1 YES 2 NO		7
OR ATTENDING DIRECTOR: After hours after death item 28 is ma	ETED	4 Homicide determined building, etc. (Specify)	vies, tariti, addet, ractory, orrica	261. LOCATION (Street and Number or F City or Town, State)	ura rioute Number
祖文以上	COMPLET	29a. CERTIFIER (Check only one)  2 MEDICAL EXAMINER: On the basis of examination and/or			nuse(a) and menner as stated.
TO THE HOSPI TO THE FUNER be filed within	BE	296. SIGNATURE AND TITLE OF CERTIFIER	M D · D O	MBER 29d. DATE SH	GNED (Month, Day, Year) 12190
	5	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITE	M 27) (Typo, Print) 1101 N: Calve-+	S+ B. 16 h	nd 2/202
		31. DATE FILED (MONTH, Day, Year)  32. REGISTRAR'S SIGNATURE  Julia Davidson-Rom	delle		

medical examiner must be notified at once.

47	-	100	#
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fil	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the
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31. DATE FILED (Month, Day, Was)

. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF DEATH	AY YE	3. TIME OF DEATH	
	RED	B	SR			1 1:	3 90	2009	
	S. SEX	B. AGE (In yrs. last	birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 12-24-2	(	SIRTHPLACE (State or Foreign Sountry) ARYLAND	
CARROLL COUNTY		N.T.		96. CITY, TOWN	OR LOCATION OF D	EATH	9c. COUNTY		
RESIDENCE OF DECEDENT	HODITI	717					CARRO		
ION. STATE 106. COUNTY				Y, TOWN OR LOCA	TION			10d. INSIDE CITY LIMITS?	
STREET AND NUMBER	بليل(		T'AN	IEYTOWN	ZIP CODE		I so orrene	1X YES 2 NO	
								OF WHAT COUNTRY?	
32 FAIRGROUNDS A	VENUE	EVED IN HE ADA	4ED		21787	NIC ORIGIN? (Specify Ye	USA	RACE — American Indian,	
Never Married 2 Married	FORCES? 15 IF YES, GIVE WAY WORLD V	YES 2 N	0	If yes, sp		an, Puerto Rican, atc.)		Bleck, White, etc.  Specify:  AUCASIAN	
15. DECEDENT'S EDUCAT	TION		EDENT'S	USUAL OCCUPATI	ON	16b, KIND OF BU			
(Specify only highest grade co	College (1-4 or 8+)	(GA	o kind of a Do NOT us	work done during me se retired.)	st of working				
12 YEARS		PRO	OPER	RTY SUP		ERK FEDER		ERNMENT	
77. FATHER'S NAME (First, Middle, Lest)  ROY B. GARNER					BLANCH		BUFFIN		
99. INFORMANT'S NAME (Type/Print)  MARGARET L. GAR	NER	32			NDS AVE	Route Number, City or Rov TANEY		MD 21787	
20s. METHOD OF DISPOSITION (Jame of company) or 20s. I OCATION — City or Town State									
1 Started 2 Cremation 3 Removed from State other (Specify) TRINITY LUTHERAN CEMETERY TANEYTOWN, MD									
21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 136 EAST BALT									
SKILES F.H. TANEYTOWN,								I, MD 2178	
23. PART I. Enter the disesses or conshock, or heart failure. Lis	mplications that st only one caus	caused the dea	ith. Do	not sater tha me	de of dylng, su	ch se cardiac or resp	olratory srrest,	Approximate Interval Bets	
IMMEDIATE CAUSE (Final								Onset and E	
disease or condition	CI	4RDIF	2	ARRE	57			MIN	
Sequentially list conditions, b.	DHE TO "	YOCA	A DI	AL /	NEARC	TION		min	
If any, leading to immediate cause. Enter UNDERLYING		MYDCARDIAL INFARCTION  DUE TO (OFFAS A CONSEQUENCE OF):  ATHEROSCLEROTIC CORONARY HEART DISEASE							
CAUSE (Disease or Injury that initiated events	DUE TO (	OR AS A CONSEO	UENCE O	071C (	DRONAL	4 IAEIDRT	DISEA	E YEARS	
resulting in death) LAST						-			
d									
PART II. Other significant conditions						l pegen	N AUTOPSY	24b. WERE AUTOPSY FIND AMAILABLE PRIOR TO	
INSULIN	DENT	DIE	DETES !	MELLITU	1 U YES	2 NO	COMPLETION OF CAUS OF DEATH?		
								1 - YES 2 - NO	
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:				LACE OF DEATH (C	heck only one)			
	Inpatient 2	ER/Outpatient 3	□ DOA	OTHER: 4 - Nursing Hor	ne 5 🗆 Residence	8 Other (Specify)			
27. MANNER OF DEATH  1 Natural 8 Pending 2 Accident Investigation	28a. DATE OF II (Month, De)		26b. TIR IN	JURY W	JURY AT DRK? YES 2 NO	28d. DESCRIBE HOW	28d, DEȘCRIBE HOW INJURY OCCURED		
3 Suicide 6 Could not be determined	28e. PLACE OF building, e	INJURY — At hor tc. (Specify)	me, farm,	street, factory, offic		281. LOCATION (Street City or Town, State	and Number or F	Burel Route Number,	
19a. CERTIFIER	ANI To the book it	no beautiful de la constitución de la constitución de la constitución de la constitución de la constitución de							
(Check only 1 CERTIFYING PHYSICI	ant: to the best of n	ny Kriowledde, dei	en occur	ned at the time, dat	and place, and du	ie to the cause(s) and mi	noner as stated.		

SANCHOR

- Randell

DHMH-16 Rev 1/89

WESTMINSTER

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MA MA	THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within persons after dea	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fur
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	Deci	and
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	1. DECEDENT'S NAME (First	t, Middle, Last)							2. DATE O	OF OEATH DA	lγ	YEAR	3. TIME OF OE
			GUTTER			,				ary 5,	199		6:15
	4. SOCIAL SECURITY NUMBER	1000	5. SEX		n yrs. lest birthday) YRS.	MONTHS	DAYS HOURS			Day, Year)		Countr	**
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5	Suburban Ho	CEDENT					ethesd	a			M	ontg	omery
UINECTOR	10a. STATE MD	Mont			10c, Cf	TY, TOWN OR							10d. INSIDE CI LIMITS?
	10e. STREET AND NUMBER		gomery			Rockv	101. ZIP CO	200			40- 017	17511 05 1	1 TYES 2 [
FUNERAL	257 Congres		1 Lane	#315				852				U.S.	
	11. MARITAL STATUS	35 Lona.	12 WAS DECEDEN	IT EVED IN	U.S. ARMEO	13. W	AS DECENDENT		IIC ORIGIN?	(Specify Yea		14. RACE	E — American In
	1 Never Married 2		FORCES? 1	YES	2 7 NO		yes, specify Cu			Ican, atc.)		Speci	k, White, etc.
	3 🔀 Widowed 4 □ Dive						X						Whit
	(Specify on	CEDENT'S EDUC by highest grade	completed)		16a. DECEDENT': (Give kind of life. Do NOT	work done du	CUPATION ring most of wor	rking	16b.	KIND OF BUS	BINESS/INC	DUSTRY	
	Elementary/Secondary (I	0-12)	College (1-4 or 5	+)	Asst. A		etrato	r		Co	rpora	2+0	
COMP LE	17. FATHER'S NAME (First, A	Aiddle, Last)			1100C. A	GHILL			ME (First, M	iddie, Maiden		uce	
	Adolf We	eil						Unknov			alus		
100	19a, INFORMANT'S NAME (	Type/Print)			19b. MAILIN	O ADDRESS	Street and Numi	ber or Rural F	Route Number	er, City or Yow	n, State, Zij	p Code)	
2	Sheldon Me	yers (S	Son-in-La	aw)	10610	Cava	lier D	rive,	Silv	er Sp	ring	, MD	20901
	20a, METHOO OF DISPOSIT		oval from State		PLACE OF DISPO			rematory or			CATION —		
	4 Donation 5 Other		A many	_   Be	th Davi					Elm	ont,	New	York
	21 SIGNATURE OF FUNERO	AL SERVICE DE	11	1	1	Da	nzansky	y-Gold	dberg	Memo	rial	Cha	pels, I
	Kar	re	U	17	me	111	70 Rocl	kville	e Pik	e, Ro	ckvi.	11e,	MD 208
	IMMEDIATE CAUSE (Fi disease or condition resulting in death)	nel -	a. DUE TO	(OR AS A	CONSEQUENCE	OF):							Onset a
CERTIFICATION	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST												
2		-	d										<u> </u>
CAL	PART II. Other algolfica							e given in	Part I.	24a. WAS AN PERFOR	RMED?	246	WERE AUTOPSY
	Line	1struc	HEAL	1	2) lin	<del>-</del>			_	1   YES 2	NO		OF DEATH?
MEDI		)							- 1				1 TYES 2
PHYSICIAN:	25. WAS CASE REFERRED 1	TO MEDICAL					26. PLACE OF	E DEATH MA	ant anti-an	-1			
	EXAMINER?	10 WEDICAL	HOSPITAL:	ER/Oute	reflect 3 DOA	OTHER			-	-			
	27. MANNER OF DEATH		26a. DATE O	F INJURY	28b. Ti	ME OF	ng Home 5 🗆			(Specify)	INJURY OC	CURED	
	1 Netural 5 🗌	Pending Investigation	(Month, I	Day, Year)		IJURY M	WORK?						
D BY	3 Suicide 5	Could not be	26e. PLACE (	OF INJURY	— At home, farm	, atreet, facto	ry, office		26f. LOCA	ATION (Street or Town, State)	and Numbe	or or Rural	Route Number,
ő l	4 Homicide	determined		, (0)000					Only t	, rown, grate,			
	29a. CERTIFIER 1 P CEN	TIFYING PHYSI	CIAN: To the beat o		ledge, death occu n and/or investigat								a) and manner a
OMPLEIC	(Olivon Oliv)		ft: On the basis of										
	(Olivon Oliv)	DICAL EXAMINE					29c, L	JCENSE NUR			29d. DA	TE SIONE	(Month, Day, Ye
DU	one) 2 MED	DICAL EXAMINE		5	M		29c. L	D D	40	)			
DU	one) 2 MED	DICAL EXAMINE	one	5	ATH (ITEM 27) (Typ	oe, Print)	296. 1	D D	40	)			5, 1990
NE NE	one) 2 MEE	DICAL EXAMINE	OUL COMPLETED CAL	SE OF DE	ATH (ITEM 27) (7)		P	ロワ	40	kvill	<b>▶</b> J	an.	5, 1990
TO BE COMPLETED	one) 2 MEE	DEPENSON WHO NOON	COMPLETED CALE; 50 We:	St E	dmonstor	Driv	P	ロワ	40	kvill	<b>▶</b> J	an.	5, 1990

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3. TIME OF DEATH

6:24AM

6. BIRTHPLACE (State or Foreign Country)
Maryland

Approximete Onset and Death 4 hours

24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

9a. FACILITY NAME (If not institution, give street and number)

Earl

4. SOCIAL SECURITY NUMBER

216-30-4288

31. DATE FILED (Month, Day, Year)

JAN 16 '90

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DIVISION OF VITAL RECORDS, P.O. BOX 1	ATTEN	ECTOR:
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	HE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be exe	HE FUNERAL DIRECTOR; After this certificate has been signed by the attending physician an
	4	4

73	DIRECTOR	Montgomery G	eneral Hospital			lney			Monte	gamery
Pages 1.	JEC	10a. STATE 10b.	COUNTY			WN OR LOCA				10d, INSIDE CITY LIMITS?
F. &		Maryland	Montgomery			Saith	ersburg			1 YES 2X 100
permit.	FUNERAL	10e. STREET AND NUMBER				10	f, ZIP CODE		10g. CITIZ	ZEN OF WHAT COUNTRY?
an. Iransit	빌	20800 Zion F					2088			USA
ding physician.	B	11. MARITAL STATUS 1 Never Married 2 Marrie 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES	2 X N		If yes, sp	CENDENT OF HISPAN hecify Cuban, Mexican はない。 シンプトの Specify:	, Puerto Ricen, e	olfy Yee or No	14. RACE — American Indian, Black, Whita, etc. Specify: Black
r attending use as the			T'S EDUCATION est grade completed)	18a. DE	CEDENT'S USU	AL OCCUPATE done during mo	ON ost of working	18b. KIND	OF BUSINESS/INDU	JSTRY
spital o	COMPLETED	Elementary/Secondary (0-12) 10th	College (1-4 or 5+)				e Manage			Co. Schools
	8	17. FATHER'S NAME (First, Middle, I					16. MOTHER'S NAM			
od by		Arthur Garri						dred L		
5 should	2	Mahla M Can	m rrison (Wife)				Road (			, MD 20882
		200. METHOD OF DISPOSITION					metery, cremetory or		20c. LOCATION - C	
age 6 may be director, page er must be		Hyburial 2 ☐ Cremation 3     4 ☐ Donation 5 ☐ Other (Speci	☐ Removal from State	other pl	Zion	Ceme	terv			rsburg, MD
Page al direc		21. SIGNATURE OF FUNERAL SER			//	22. NAME A	ND ADDRESS OF FAC	ILITY		
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w requires that the death certificate be executed within 24 frours after been signed by the attending physician and completely filled in by the xt, or Health and Mental Hyglene prior to builal, cremation, or removal shows any Inliny, or other traumatic event, the medical	MEDICAL CERTIFICATION	shock, or heart find the same of conditions and same of conditions. If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST	c. Esantus  Due to (on as  d. Alcoho  contributing to death	A CONSECUTION A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECU	DUENCE OF):  OUENCE OF):  OUENCE OF):  OUENCE OF):  OUENCE OF):	She and	bleed. Dgasti	7 / X 5 Part I. 24a.	MAS AN AUTOPSY PERFORMED? YES 2 1 MO	24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2  NO
2 2 2 2	AN	25. WAS CASE REFERRED TO MED	DICAL			26. P	LACE OF DEATH (Chi	ck only one)		
SICIAN: The lar certificate has the State Deg	Sic	1 YES 2 MG	HOSPITAL:	rtpatient 3		THER:  Nursing Hor	ne 5 🗆 Residence	8 Other (Spec	ify)	
PHY this with		27. MANNER OF DEATH  1 Return 5 Pends 2 Accident Invest	28s. DATE OF INJURY (Month, Day, Year, Ing		28b. TIME OF	W	JURY AT ORK? YES 2 NO	28d. DESCRIBE	HOW INJURY OCC	URED
		3 Suicide & Could 4 Homicide determ		RY — At ho pecify)	ome, form, stree	it, factory, offic	00	28t. LOCATION City or Town	(Street and Number n, State)	or Rural Route Number,
8 4 2 =	1 5 1	and a	IG PHYSICIAN: To the best of my kno EXAMINER: On the bests of examined							
TO THE HOSPITAL. TO THE FUNERAL IT DE filed within 72 h	O BE C	29b, SIGNATURE AND TITLE OF C	New )	h1)	Atkn	dì	29c. LICENSE NUN	4057	29d. DATE	9/50
15	ř	1 10 01	SON WHO COMPLETED CAUSE OF I	O/n	M 27) (Type, Pri	3 Tonse	ille Rd	, 0	Ines, h	4 20832

Julia Davidson Randole

Garrison

6. AGE (In yrs. lest birthday)

YRS.

60

5. SEX

1 [] M 2 [] F

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

MONTHS DAYS

IF UNDER 1 YEAR | IF UNDER 24 HRS.

HOURS

9b. CITY, TOWN OR LOCATION OF DEATH

MIN.

2. DATE OF DEATH DAY 01 09

7. DATE OF BIRTH (Month, Day, Veer) Aug. 29, 1929

1990

9c. COUNTY OF DEATH

DHMH-16 Rev 1/89

IMPORTANT:

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND I	MENTAL	HYGIENE
CERTIFICATE OF DEATH		REG. NO.
	2 DATE O	E DEATH

	FOR 1 - STATE REGISTRAR	STATE OF MARYLAN	ID / DEPART			MENTAL HYGIEN REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Las LEON	gREENSTEIN				2. DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DAT	v ye 04 9(	3. TIME OF DEATH 2:55 P M
	4. SOCIAL SECURITY NUMBER 246-07-3008	5. SEX 6. AGE (In )		F UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH 1. (Month, Day, Year) 1. 2 / 1. 0 / 1. 9. 2		SHITHPLACE (State or Foreign Country) ennsylvania
1	Se. FACILITY NAME (If not institution, give				R LOCATION OF DE		9c. COUNTY	OF DEATH
DIRECTOR	15115 Interlach	en Drive, #218		Silver	Spring		Montg	omery
REC	10a. STATE 10b. COUN			TOWN OR LOCAT				10d. INSIDE CITY LIMITS?
	MD M	ontgomery	S	ilver S	pring ZIP CODE		T to CITIZEN	1XX YES 2 ☐ NO OF WHAT COUNTRY?
ERA	15115 Interlach	en Drive, #218			20906		U.S	
BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U FORCES? 10 YES IF YES, GIVE WAR OR DATE	2 NO	If yes, sp		NC ORIGIN? (Specify Yea n, Puerto Ricen, etc.)	or No — 14.	RACE — American Indian, Black, White, etc. Specify: White
COMPLETED	18. OECEDENT'S EI (Specify only highest gra Elementary/Secondary (0-12)		life. Do NOT use	rk done during mo		16b. KIND OF BUS		яY
S	17, FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Maiden	Surname)	
BE (		nstein	Tancara de la	Bear of the Control	Sad		Go1	-
5	19a. INFORMANT'S NAME (Type/Print)  Beatrice Greens	tein (wife)	15115	Interla	chen Dri	Noute Number, City or Tow ve, #218 S	n, State, Zip Cod Lilver	Spring. MD
	20a. METHOD OF DISTRICTION	20b. P	LACE OF DISPOSIT				CATION — City	
	4 Donation Specify)	Sha	alom Mem				er Mor	eland, PA
	21, SIGNATURE OF UNDAM, SERVICE	M. Line		Danza		dberg Memo		hapels, Inc. e, MD 20852
CERTIFICATION	23. PAFF 1. Enter the disease, or shock, or have failur immediate cause or condition resulting in deeth)  Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	s. DUE TO (OR AS A C	CONSEQUENCE OF)	olon	Cance		nauty arrest	Approximate Interval Between Onset and Death  3'/z yeas
CER		_ d						
PHYSICIAN: MEDICAL	PART 11. Other significant condit	ons contributing to death but	not resulting in	the underlyin	g cause given in	Pert I. 24a. WAS AN PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
NAI	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				ACE OF DEATH (C/	neck only one)		
YSIC	1 TES 2 NO	HOSPITAL: 1   Inpatlant 2   ER/Output	lent 3 DOA			6 Other (Specify)		
ВУ РН	27. MANNER OF DEATH  1 Netural 6 Pending 2 Accident Investigation	26s. DATE OF INJURY (Month, Day, Year)	26b. TIME INJU	RY W	URY AT DRK? YES 2 NO	28d. DEŞCRIBE HOW	INJURY OCCUR	ED
ED	3 Suicide 6 Could not 6		- At home, farm, st	reet, factory, offic	•	281, LOCATION (Street City or Town, State		Rural Route Number,
COMPLET	Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of th	YSICIAN: To the best of my knowled						ause(a) and manner as stated.
TO BE C	SULLA TO	dodesk	m.Q.		MD 3		29d. DATE S	GNED (Mogth, Day, Year) 490
	Jules R. Lodis	h, M.D., 2901			ing Road	, 01ney, M	arylan	d
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNAT	TURE					
	JAN 11 '90	Julia Davis	son-hoods	R.				

DHMH-16 Rev 1/89

BALTIMORE, MARYLAND 21203-3146

	REGISTRAR		CERT	IFICAT	E OF	DEATH	R	EG. NO.			
	1. OECEDENT'S NAME (First, Middle, Lest)  M. LO	uise Hol	t				2. DATE OF I MONTH Janua	rv 8	,1990		TH OPM
	4. SOCIAL SECURITY NUMBER 578-54-5723	5. SEX 6.	AGE (In yrs. last birtho	MONTHS	DAYS	IF UNDER 24 HRS. HOURS MIN,	7. DATE OF E (Month, Det June	)(RTH y, Vbar)19 24,	03 Na	IRTHPLACE (State or Foountry) Shington	
	Sa. FACILITY NAME (If not institution, give a	street and number)		9b. CIT	Y, TOWN	OR LOCATION OF DE			9c. COUNTY C		
TOR	5306 Sangamor	e Road		E	Beth	esda			Mont	gomery	
H L	10a. STATE 10b. COUNT	Y	10c.	CITY, TOWN	OR LOCA	TION				10d. INSIDE CITY	Y
- DIR		gomery		Beth	_					1 YES 2	NO
FUNERAL DIRECTOR	5306 Sangamor	e Road			10	20816				ed State	es
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT E FORCES? 1 I IF YES, GIVE WAR	YES 2 NO	13	If yes, s	CENDENT OF HISPAI secify Cuben, Mexics 3 2 NO Specif	in, Puerto Ricai			RACE — American Indi Black, White, etc. Specify: White	
	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	18a. DECEDEI	NT'S USUAL (	OCCUPATION OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF	ON ost of working	16b. KIN	D OF BUSIN	IESS/INDUST	3Y	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 8 +)	ilfe. Do N	or use retired. nemak	)			Own 1	Home		
2	17. FATHER'S NAME (First, Middle, Last)				_	16. MOTHER'S NA					
BE CC	James Madigan						e E.				
0 8	19a. INFORMANT'S NAME (Type/Print)		19b. MAI	LING ADDRES	SS (Street	and Number or Flural	Route Number, (	City or Town,	State, Zip Code	2087	78
-	James G. Holt		131:	17 Br	and	on Way	Road	Dar	nesto	wn. Md.	
	20a. METHOD OF DISPOSITION  TO Buriel 2 Cremation 3 Rem  4 Donation S Other (Specify)	novel from State	other place)			metery, cremetory or				or Town, State	
	21. SIGNATURE OF PUNERAL SERVICE L		I Gate (	22	. NAME A	NO ADDRESS OF FA	De	Vol 1	Funer	pring. Nal Home	1d
	Tay ME	tagan	-		Gai	thersbu	ra. M	arvl	and	20877	
	23. PART I. Enter the diseases, pr shock, pr heart fellure. IMMEDIATE CAUSE (Final disease or condition	List only one ceuse	on each ilne.			om of the state of			110	interval B	Between d Death
	resulting in deeth)	DUE TO (OF	R AS A CONSEQUEN	CE OF):	NE	2				- n	40
ALION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING	a. Mult DUE TO (OF DUE TO (OF	OSC CONSEQUEN	CE OF):	Car	diovasi	cular	- di	1691	0	
CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in deeth) LAST	DUE TO (OF	R AS A CONSEQUEN	CE OF):							
	PART II. Other significant condition	na contributing to de	eath but not result	ting in tha	underlyli	ng cause given in	Part I. 24	a. WAS AN A		24b. WERE AUTOPSY F	
EDICAL	<u>}</u>						1	PERFORM	1	AVAILABLE PRIOR COMPLETION OF OF DEATH?  1 YES 2	CAUSE
Σ ::											
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL:	SADutantiant 2 D	OTH	ER:	MACE OF DEATH (C					
χ Ή	27. MANNER OF DEATH	28a. DATE OF IN	JURY 28t	TIME OF	28c, IN	JURY AT			JURY OCCUR	ED	
BY	1 Natural 5 Pending 2 Accident investigation			М	1 🗆	YES 2 NO					
_	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF I building, etc	INJURY At home, fi c. (Specify)	arm, street, fr	ectory, offi	ce		ON (Street an own, State)	d Number of R	tural Route Number,	
COMPLETED	Conson only	BICIAN: To the best of m								use(s) and manner as	stated.
	29b. SIGNATURE AND TITLE OF CERTIFU	ER O				29c. LICENSE NU	MBER		29d. DATE SK	GNED (Month, Day, Year,	7)
BE	tames 18	my				77-2	029	7	> 1.	-P-90	
5	30. NAME AND ADDRESS OF PERSON W	/	OF DEATH (ITEM 27)	(Type, Print)						7.0	
	James H. Brodsl		Willard	Ave		hevy Ch	nase,	Mary	land	20815	
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR	s signature	70.00	20						

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A	deat	fu
BAL	ther	the
	10	5
	3	2.2
		filler
	L OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	. DIRECTUR: After this certificate has been signed by the attending physician and completely filled in by the fun
9	5	Ē
7	95	8
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	Samo	and.
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	1 - STATE REGISTRAR	STATE OF MARYI		TMENT OF H			GIENE G. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DE	ATH DAY	YEAR	3. TIME OF DEATH
	Margaret M. He					1	10	90	335 AV
	4. SOCIAL SECURITY NUMBER 213-24-3466	1 - M 210 F	(In yrs. lest birthday)  59 YRS.	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIF (Month, Pey,	rth Year) 30	Country	PLACE (State or Foreign ) aryland
TOR	90. FACILITY NAME (If not institution, give Mercy Medical Co RESIDENCE OF DECEDENT	No. of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Con		Baltime	OR LOCATION OF D	EATH	9c. COUI	NTY OF DE	ATH
DIRECTOR	10a. STATE 10b. COUNT			r, TOWN OR LOCA 1 timore	TION				10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	10e. STREET AND NUMBER		200	10	I. ZIP CODE				HAT COUNTRY?
NE	4817 Penningtor	12. WAS DECEDENT EVER	NIIS ADMED	12 WAR DE	21226	NIC OPICING #S		USA	- American Indian,
ВУ	1 Never Married 2 Merried 3 Widowed 4 Divorced	FORCES? 1 YES	2 NO	If yes, sp	ecify Cuban, Mexic 2 10 Speci	an, Puerlo Ricen,	etc.)	Black, Specify	White, etc.
ETED.	15. DECEDENT'S EDL (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 8+)	18e. DECEDENT'S (Give kind of v life. Do NOT us	USUAL OCCUPATION of done during me retired.)	ON ost of working	18b. KIND	OF BUSINESS/INC	USTRY	
COMPLET	8		Hom	emaker					
	17. FATHER'S NAME (First, Middle, Last)					AME (First, Middle,			
BE	Edwin Hurtt  19a. INFORMANT'S NAME (Type/Print)		200 2000 000		Elizab		UNKNOWN		
5	Warden B. Heady				and Number or Rural			1226	
	20g, METHOD OF DISPOSITION	20	b. PLACE OF DISPOS				20c. LOCATION —		rn. State
	1 Buriel 2 Cremetion 3 Ren 4 Donation 8 Other (Specify)	novel from State	cther place)				Anne Ar		
	21. SIGNATURE OF STREETAL SERVICE LI			22. NAME A	ND ADDRESS OF FA	fman Fu	neral Ho	mes	
	23. PART I. Enter the diseases, or shock, or heart failure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)	List only one cause on	at the desth. Do reach lins.  A mon ion A consequence of				r reapiretory arr	rest,	Approximate interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF	F):	accid	ent			Yrs.
MEDICAL CE	PART II. Other algorificant condition		but not resulting	in the underlyin	g cause given in		MAS AN AUTOPSY PERFORMED? YES 2 NO	24b.	WERE AUTOPSY FINDINGS AMILLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
: ME						_			1 YES 2 NO
IAN	25. WAS CASE REFERRED TO MEDICAL			26. P	LACE OF DEATH (C	heck only one)			
SIC	EXAMINER?	HOSPITAL:	petient 3 DOA	OTHER:	ne 8 🗆 Reeldence		(fv)		
PHYSICIAN:	27. MANNER OF DEATH  1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIM	E OF 28c. IN	JURY AT		HOW INJURY OC	CURED	
ВУ	2 Accident Investigation	28e. PLACE OF INJUR	Y At home from		YES 2 NO		(2)		
ETED	3 Suicide 8 Could not be 4 Homicide determined	building, etc. (Sp	icity)	erreet, factory, one		City or Town	(Street end Number n, State)	OF PRIMIT PR	oute Number,
COMPLET	one) —	ER: On the best of examinati							end menner as stated.
BE C	296. SIGNATURE AND TITLE OF CERTIFIE	0			29c. LICENSE NU	0 .1	29d. DAT	E SIONED	(Month, Day, Year)
TO B	30. NAME AND ADDRESS OF PERSON W	MD COMPLETED CAUSE OF THE	PAYLL DYPLA AT AT	Delen	03	7116		1/10	190
-	Joel S. Lah	A Mercy	med con	when 30	1 St. Par	e PI. B	alt m	D 2	1202
	31. DATE FILED (Month, Day, Year)	JAN 1 2 90	ATURE	A. Kaide	1. Andell				

1 - FOR STATE REGISTRAR	STATE OF MARY	LAND / DEPARTM CERTIFICA			MENTAL	HYGIENE REG. NO.		
1. OECEDENT'S NAME (First, Middle, Last) RICHARD	P.		170	WE	2. DATE O	OF OEATH DAY	- G	3. TIME OF OEATH  12:28 A
4. SOCIAL SECURITY NUMBER  194-30-5678  9e. FACILITY NAME (If not institution, give str  10 WORD COVATY	1 🔀 M 2 🗆 F	50 YRS. MOT	UNDER 1 YEAR NTHS DAYS	HOURS MIN.  R LOCATION OF DE	9-18	Day, Year) 3-39	s. county	PA  OF DEATH  OF DEATH
RESIDENCE OF DECEDENT  10a, STATE  10b, COUNTY  MD  Howai			OWN OR LOCAT	ity				10d. INSIDE CITY LIMITS? 1 YES 2 NO
9690 Gwynn Park Dy 11. MARITAL STATUS 1 Never Married 2 5 Merried	12. WAS OECEDENT EVER FORCES? 1 YES	3 2 NO	13. WAS DEC	ZIP COOE  21043  ENDENT OF HISPAN City Cuben, Mexica		? (Specify Yea or I	U	OF WHAT COUNTRY?  SA  RACE — American Indian, Black, White, etc.
3 Widowed 4 Divorced  15. DECEDENT'S EDUC		16a. DECEDENT'S USU	UAL OCCUPATIO			KINO OF BUSINE		Specify: White
(Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 8+)	(Give kind of work life. Do NOT use re	done during mo itired.)	st of working		)efense	Agen	CV
17. FATHER'S NAME (First, Middle, Last)		· AIIII I IIII		16. MOTHER'S NA	ME (First, M			
Raymond Howe				Alexan	Route Numb			
Helene Howe  20a. METHOD OF DISPOSITION 1 Burial 27 Cremetion 3 Remo	ovel from State	0b. PLACE OF DISPOSITION other place)	ON (Name of cer		11100	20c. LOCAT	ION — City	or Town, State
21. SIGNATURE OF FUNERAL SERVICE LICE	ENSEE. Withhe	Metro	Harry	H Witzk	e Fur	neral Ho	ome	le MD  ity MD 21043
shock, of beert feiture. I	DUE TO (OR AS		rdp V	ascop.	- D,	158056		Interval Between Onset and De
PART II. Other significant condition	s contributing to deeth	but not resulting in t	the underlyin	g cause given in	Part I.	24a. WAS AN AUT PERFORME 1 YES 2	D?	24b. WERE AUTOPSY FINOIN AWAILABLE PRIOR TO COMPLETION OF CAUSI OF DEATH?  1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	0	26. P	ACE OF DEATH (C)	heck only on	•)		
1 YES 2 NO  27. MANNER OF DEATH  1 Value 5 Pending	1 Inpetient 2 FER/O 25e. DATE OF INJUR (Month, Day, Year	Y 28b. TIME O	OF 28c. IN.	URY AT		(Specify) CRIBE HOW INJU	IRY OCCUR	ED
2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJU building, etc. (S	RY — Al home, farm, stre- pecfly)			261. LOC.	ATION (Street and or Town, State)	Number or I	Rural Route Number,
200. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the best of my kn	owledge, death occurred a	et the time, date	and place, and du	e to the cau	se(s) and manner	ea stated.	
enel	R: On the basis of examina	tion and/or investigation.	In my opinion	eath occured at the	e time, date	end place, and d	ue to the o	euse(e) end manner as stated
enel	Whath	o, Ath	Cing	29c. LICENSE NU				GNED (Month, Day, Year)

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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		OE:III	FICALE	OI DEA		REG. NO			
1. DECEDENT'S NAME (First, Middle,	1 ~1	nes				A	AY	YEAR 3.	TIME OF DEATH
4. SOCIAL SECURITY NUMBER 214-12-9685	5. SEX 1. M 2 F	NGE (In yrs. last birthda 73 YRS	MONTHS D	EAR IF UNDER	MIN.	7. DATE OF BIRTH (Month, Day, Year) 4-20-191	6	a. BIRTNPLA Country) Mary	CE (State or Foreign
9a. FACILITY NAME (If not institution,	3.5	/3	9b. CITY, TI	OWN OR LOCAT	ON OF DE			ITY OF DEAT	
Arne Arundel		tal	A	rnapoli	is		Ann	e Arur	ndel
10a, STATE 10b. C		10c. (	CITY, TOWN OR	LOCATION				100	I. INSIDE CITY
MD A	nne Arundel		Arn	old	F		T 100 CITI	1 (ZEN OF WHA	LIMITS?  YES 2 NO
28.37.6.11/4687.13/2012/2012/2012/2012	943 Lake Driv			101. 211 000	_	012	log. Gill.	USA	
11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EX FORCES? 1 Property 1 FYES, GIVE WAR O1/01/43	VER IN U.S. ARMED VES 2 NO DR DATES 10/12/4	1 E	S DECENDENT OB., specify Cub. YES 2 NO	en, Maxica	IIC ORIGIN? (Specify Ye. n, Puerto Rican, atc.)	e or No—	Black, W Specify:	American Indian, hite, etc.
15. DECEDENT'S (Specify only highest	grade completed)	(Give kind	T'S USUAL OCCI of work done dur T use retired.)	UPATION ing most of work	ing	16b. KIND OF BU	SINESS/IND	USTRY	
Elementary/Secondary (0-12)	College (1-4 or 6+)		k drive	r-reti	ced	A & P	Food	Compa	nv
17. FATHER'S NAME (First, Middle, La.	10)					ME (First, Middle, Malden			2
Edward	Hynes					ret Rhein			
19a. INFORMANT'S NAME (Type/Print Mr.S. Lo	is F. Hynes	19b. MAIL		Lake I		Route Number, City or Tow	n, Stata, Zip M		.012
20g. METHOD OF DISPOSITION 1- Burial 2 Cremation 3 C		20b. PLACE OF DIS	POSITION (Name					City or Town, , Mary	
21. SIGNATURE OF FUNERAL SERVI				ME AND ADORE		CILITY	_	-	
Comes!	e. Du	Same	9 B	arranco	) Fur	495 R		-	
23 PART 1. Enter the discessed shock, or heart fail immediate CAUSE (Finel discesse or condition resulting in death)	lure. List only one couse	on each line.	e(1 (A	9 of	100	0.5	iratory err	est,	Approximate Interval Between Onset and Daeti
	<b>C</b> b	CÍQ	avetti	20 9	0				SO years
Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	AS A CONSEQUENCE							
PART II. Other significent con	ditions contributing to de	oth but not resulting	ng in the unde	erlying cause	given in	Part I. 24e. WAS AF PERFO 1 YES	RMED?	AM CO OF	RE AUTOPSY FINDINGS ALLABLE PRIOR TO MPLETION OF CAUSE DEATH?  YES 2 NO
25. WAS CASE REFERRED TO MEDIO	CAL			26. PLACE OF	DEATH (C)	ack note one)			
EXAMINER?	HOSPITAL:	VOutpatient 3 DO	OTHER:			6 ☐ Other (Specify)			
27. MANNER OF DEATH	26a. DATE OF INJ	URY 26b.	TIME OF 2	8c. INJURY AT WORK?		28d. DESCRIBE NOW	INJURY OC	CURED	
1 Natural 5 Pending	ation					281. LOCATION (Street City or Town, State		or Rural Rout	
1 Natural 5 Pending Investig 2 Accident 3 Suicide 4 Nomicide 6 Could in detarmine		(Specify)				City or lown, State	"		e Number,
2 Accident 3 Suicide 6 Could in detarmi 29a. CERTIFIER (Check only one) 2 MEDICAL EX	PHYSICIAN: To the best of my	(Specify)	curred at the tim			to the cause(s) and ma	nner as stat		
2 Accident 3 Suicide 6 Could in detarmi 29a. CERTIFIER (Check only one) 2 MEDICAL EX 29b. SIGNATURE AND TITLE OF CEI	PHYSICIAN: To the best of my AMINER: On the basis of exam TIFIER	(Specify)  knowledge, death occ ination and/or investig	curred at the tim pation, in my opi	nion, death occi		to the cause(s) and me time, data and place, a	inner as stat	ne cause(a) ar	
2 Accident 3 Suicide 6 Could in determil 29a. CERTIFIER (Check only one) 2 MEDICAL EX 29b. SIGNATURE AND TITLE OF CELL SIGNATURE AND ADDRESS OF PERSONAL CANADAME AND ADDRESS OF PERSONAL CANADAME AND ADDRESS OF PERSONAL CANADAME AND ADDRESS OF PERSONAL CANADAME AND ADDRESS OF PERSONAL CANADAME AND ADDRESS OF PERSONAL CANADAME AND ADDRESS OF PERSONAL CANADAME AND ADDRESS OF PERSONAL CANADAME AND ADDRESS OF PERSONAL CANADAME AND ADDRESS OF PERSONAL CANADAME AND ADDRESS OF PERSONAL CANADAME AND ADDRESS OF PERSONAL CANADAME AND ADDRESS OF PERSONAL CANADAME AND ADDRESS OF PERSONAL CANADAME AND ADDRESS OF PERSONAL CANADAME AND ADDRESS OF PERSONAL CANADAME AND ADDRESS OF PERSONAL CANADAME AND ADDRESS OF PERSONAL CANADAME AND ADDRESS OF PERSONAL CANADAME AND ADDRESS OF PERSONAL CANADAME AND ADDRESS OF PERSONAL CANADAME AND ADDRESS OF PERSONAL CANADAME AND ADDRESS OF PERSONAL CANADAME AND ADDRESS OF PERSONAL CANADAME AND ADDRESS OF PERSONAL CANADAME AND ADDRESS OF PERSONAL CANADAME AND ADDRESS OF PERSONAL CANADAME AND ADDRESS OF PERSONAL CANADAME AND ADDRESS OF PERSONAL CANADAME AND ADDRESS OF PERSONAL CANADAME AND ADDRESS OF PERSONAL CANADAME AND ADDRESS OF PERSONAL CANADAME AND ADDRESS OF PERSONAL CANADAME AND ADDRESS OF PERSONAL CANADAME AND ADDRESS OF PERSONAL CANADAME AND ADDRESS OF PERSONAL CANADAME AND ADDRESS OF PERSONAL CANADAME AND ADDRESS OF PERSONAL CANADAME AND ADDRESS OF PERSONAL CANADAME AND ADDRESS OF PERSONAL CANADAME AND ADDRESS OF PERSONAL CANADAME AND ADDRESS OF PERSONAL CANADAME AND ADDRESS OF PERSONAL CANADAME AND ADDRESS OF PERSONAL CANADAME AND ADDRESS OF PERSONAL CANADAME AND ADDRESS OF PERSONAL CANADAME AND ADDRESS OF PERSONAL CANADAME AND ADDRESS OF PERSONAL CANADAME AND ADDRESS OF PERSONAL CANADAME AND ADDRESS OF PERSONAL CANADAME AND ADDRESS OF PERSONAL CANADAME AND ADDRESS OF PERSONAL CANADAME AND ADDRESS OF PERSONAL CANADAME AND ADDRESS OF PERSONAL CANADAME AND ADDRESS OF PERSONAL CANADAME AND ADDRESS OF PERSONAL CANADAME AND ADDRESS OF PERSONAL CANADAME AND ADDRESS OF PERSONAL CANADAME AND	PHYSICIAN: To the best of my AMINER: On the basis of exam TIFIER	(Specify)  knowledge, death occ ination and/or investig	curred at the tim- pation, in my opin	nion, death occur	ENSE NUI	to the cause(s) and me time, data and place, a	inner as stated and due to the 29d, DATI	e signed (M	nd manner as stated.

MD

DHMH-16 Rev 1/89

'	REGISTRAR		CERTIFIC	CATE OF	DEATH	REG	NO.	
1.	DECEMENT'S WAME (First Middle, Leat)  Virginia Enni	s Hofm	ann			2. DATE OF DEA		EAR 3. TIME OF DEATH
4	SOCIAL SECURITY NUMBER 5.		n yrs. lest birthday)	F UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRT (North Co. 16)	H 8.	BIRTHPLACE (State or Foreign Country) Maryland
à	RESIDENCE OF DECEDENT		irk	Je v	ern 9 Pa		9c. COUNTY	
是 10	0a. STATE 10b. COUNTY	Arundel	10c. CITY,	Severi	ion la Park			10d. INSIDE CITY LIMITS? 1 YES 2 NO
A L	oo.street and number 535 Lakeland Roa	ad South		101	21146			OF WHAT COUNTRY?
	1. MARITAL STATUS 1:  Never Merried 2 Merried  Wildowed 4 Divorced	P. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, OIVE WAR OR DA	2 X NO	If yes, so	ENDENT OF HISPAT actly Cuben, Mexica 24 NO Specifi	n. Puerto Rican, et	E.)	RACE — American Indian, Black, White, atc. Specify: aucasian
COMPLETED				rk done during mo retired.)	DN et of working	16b, KIND O	F BUSINESS/INDUS	TRY
OMP	12+ 7. FATHER'S NAME (First, Middle, Lest)		Homen	laker	16. MOTHER'S NA	ME (First, Middle, M	Home	
ш	Middleton S.	Enis				Kather		iley
10 B	9a. INFORMANT'S NAME (Type/Print)		100000000000000000000000000000000000000				or Town, State, Zip Co	21140
	Mrs. Jean Cri		PLACE OF DISPOSIT				outh Se	verna Park,
1	0e. METHOD OF DISPOSITION    Burlel 2   Cremation 3   Remove   Donation 6   Other (Specify)	from State	other place)	Att and a second				ille, MD
2	11. SIGNATURE OF FLINERAL SERVICE LICEN	o Agas	Lance		Riterna Pa	CILITY		21146
IFICATION	Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF:	2	lection			Onset and Daw Telays Gyaves
	PART II. Other significant conditions	contributing to death b	ut not resulting in	the underlyin	g cause given in	PI	AS AN AUTOPSY ERFORMED? 'ES 2   NO	24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Σ						_		1 TYES 2 NO
IAN:	15. WAS CASE REFERRED TO MEDICAL			28. P	ACE OF DEATH (C)	reck only one)		1
SIC		HOSPITAL:		OTHER:	e 5 🗆 Residence	6 Other (Specif	y)	
_	1 Natural 5 Pending	26a. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	RY WO	URY AT PRK?	28d. DESCRIBE	HOW INJURY OCCU	RED
TED BY	2 Accident Investigation 3 Suicide S Could not be determined	28e. PLACE OF INJURY building, etc. (Spec	— At home, farm, at	rest, factory, offic	•	28f. LOCATION (: City or Town,	Street and Number or State)	Rural Route Number,
COMPLE	enel .	AN: To the best of my know						i. cause(s) and menner as stated.
O BE	196. SIGNATURE AND TITLE OF CERTIFIER	ullis n	nD		29c, LICENSE NU	879	29d. DATE 5  ▶ 22	January 1990
F 3	T. C. CULLIS	MIN	7 R1995		Sever	nd PA	ark M	gryland
3	11. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN						

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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DIVISION OF VITAL RECORDS, P.O. BOX 12	07	0	4
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	¥	5	- Park
	THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be exected within	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the	as flad within 72 hours after death with the Crate Beat of Health and Mental Harisane mine in hariful cramation or removal
-	10	10	4

- 01	1. DECEDENT'S NAME (First, Middle, Last)	1		E OF DEATH	2 DATE	OF DEATH	0	11.	TIME OF DEATH
	RUTH 1	HARDIN			MONT	1 0	3 199	BF	339AL
	4. SOCIAL SECURITY NUMBER 220 107590	1 - M 2 DKF	76 YRS. MONTH		(Mont	of BIRTH h, Day, Year)	1913	Country)	Pa .
OR		AOVENTIST	HOSPITAL TA	TY, TOWN OR LOCATION OF	RK	mo	9c. COUNTY		MERY
DIRECTOR	10a. STATE 10b. COUN		10c. CITY, TOW					100	1. INSIDE CITY LIMITS?
	100. STREET AND NUMBER	NGE GEORG	SESI UPI	10t, ZIP CODE	RLBO	ORO_		OF WHAT	YES 2\\XNO
FUNERAL	8827 E. Grove	12. WAS DECEDENT EVER		207		N? (Specify Yes	US Z	RACE -	American Indian,
	1 Never Married 2 Married 3 Wildowed 4 Norced	FORCES? t YES		If yes, specify Cuben, Ma: 1 ☐ YES 2. NgO Sp		Rican, etc.)		Black, WI Specify:	White
בו בני	15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)	UCATION de completed) College (1-4 or 5 +)		ne during most of working 1.)		. KIND OF BUS			7,57
COMPLETED	12th 17. FATHER'S NAME (First, Middle, Last)		Court T	ranscriber		Fed.	GOV t	t	
מב	William J. Wi	1t		Eva	C. M:	iller			
2	19a. INFORMANT'S NAME (Type/Print) Mitzi Howard			sa Lane, Bo				ode)	
	20a. METHOD OF DISPOSITION 1 M Buriel 2 Cremation 3 Re 4 Donation 5 Other (Specify)	moval from State	other place)  Resu	(Name of cometery, cremetory rrection C		10.00	cation — cin		
	21. SIGNATURE OF FUNERAL SERVICE	JOHNSEE		2. NAME AND ADDRESS OF	FACILITY	Lee Fi	unera	1 Ho	me, Inc.
- 13	23. PART I. Enter the openion, or	complications that course	Art I	Clinton, Mc	20	735			Approximate
	District the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second sec	. List only one cause on	each line.						
NOI	IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions,	DUE TO (OR AS  b. ACUTE  DUE TO (OR AS	AC ARR A CONSEQUENCE OF):  A CONSEQUENCE OF):	EST SIAL IN					
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146	ng physic	he burial	
BALTIMORE, MARYLAND 21203-3146	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nouns after death. Page 6 may be retained by the hospital or attending physic	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	
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	THE THE	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the 1 be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1. DECEDENT'S NAME (First,	Middle, Last)							-	2. DATE OF				3. TIME O	F DEATH
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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be eas. Arithi	TO THE FUNERAL DIRECTOR; After this certificate has been signed by the attending physician and completely med in by the funeral director has a strong or a filed within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burial, cremation, or removal.

	1 - STATE REGISTRAR	STATE OF I				OF DEA		MENTAL HYGIEN REG. NO	_	
	1. DECEOENT'S NAME (First, Midd	the, Lest) THY	Hosle	B	Hodg	е		2. DATE OF DEATH DO NONTH DO	S 9	3. TIME OF DEATH  11,20 A M
	4. SOCIAL SECURITY NUMBER	S. SEX	6. AGE (In yrs. less		IF UNDER 1	YEAR IF UNDE	R 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8.	BIRTHPLACE (State or Foreign Country)
	3/1 -8/8/	1 □ M 2 図 F	84	YRS.				(Month, Day, Year) 06/22/05		New York
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DIRECTOR	Bon Secure H				Bēi.	timore			Balt	imore
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	23. PART I. Enter the disease	sea, or complications th	at caused the de	ath Do	1 /					
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	Sequentially list conditions.	C 6.	large a	100	vig.					
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING		O (OR AS A CONSEC	QUENCE O	F):					
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D BE COMPLETED BY PHYSICIAN	nnel -	NG PHYSICIAN: To the best of EXAMINER: On the basis of								euse(e) and menner as stated.
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	31. DATE FILED (Month, Day, Year)		MAR'S SIGNATURE	pdelle						

FOR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

THOMAS HAND  4. SOCIAL SECURITY NUMBER  5.79 - 18 - 49.28  8. SEX  9. RACILTY NAME (If not institution, give street and number)  90. FACILITY NAME (If not institution, give street and number)  90. SOUTHERN MARYLAND HOSPITAL CENTER  FUESIDENCE OF DECEDENT  100. STATE  100. STATE  100. STATE  100. STATE  101. STATE  102. STATE  103. STATE  104. STATE  105. STATE  105. STATE  106. STATE  107. STATE  108. STATE  109. STATE  109. STATE  109. STATE  109. STATE  109. STATE  109. STATE  109. STATE  109. STATE  109. STATE  109. STATE  109. STATE  109. STATE  109. STATE  109. STATE  109. STATE  109. STATE  109. STATE  109. STATE  109. STATE  109. STATE  109. STATE  109. STATE  109. STATE  109. STATE  109. STATE  109. STATE  109. STATE  109. STATE  109. STATE  109. STATE  109. STATE  109. STATE  109. STATE  109. STATE  109. STATE  109. STATE  109. STATE  109. STATE  109. STATE  109. STATE  109. STATE  109. STATE  109. STATE  109. STATE  109. STATE  109. STATE  109. STATE  109. STATE  109. STATE  109. STATE  109. STATE  109. STATE  109. STATE  109. STATE  109. STATE  109. STATE  109. STATE  109. STATE  109. STATE  109. STATE  109. STATE  109. STATE  109. STATE  109. STATE  109. STATE  109. STATE  109. STATE  109. STATE  109. STATE  109. STATE  109. STATE  109. STATE  109. STATE  109. STATE  109. STATE  109. STATE  109. STATE  109. STATE  109. STATE  109. STATE  109. STATE  109. STATE  109. STATE  109. STATE  109. STATE  109. STATE  109. STATE  109. STATE  109. STATE  109. STATE  109. STATE  109. STATE  109. STATE  109. STATE  109. STATE  109. STATE  109. STATE  109. STATE  109. STATE  109. STATE  109. STATE  109. STATE  109. STATE  109. STATE  109. STATE  109. STATE  109. STATE  109. STATE  109. STATE  109. STATE  109. STATE  109. STATE  109. STATE  109. STATE  109. STATE  109. STATE  109. STATE  109. STATE  109. STATE  109. STATE  109. STATE  109. STATE  109. STATE  109. STATE  109. STATE  109. STATE  109. STATE  109. STATE  109. STATE  109. STATE  109. STATE  109. STATE  109. STATE  109. STATE  109. STATE  109. STATE  10	I. 06 1990  FOR BIRTH IN, Day, Ibar)  O735  P.G. COUNTY OF P.G. COUNTY OF P.G. COUNTY OF P.G. COUNTY OF P.G. COUNTY OF P.G. COUNTY OF P.G. COUNTY OF P.G. COUNTY OF P.G. COUNTY OF P.G. COUNTY OF P.G. COUNTY OF P.G. COUNTY OF P.G. COUNTY OF P.G. COUNTY OF P.G. COUNTY OF P.G. COUNTY OF P.G. COUNTY OF P.G. COUNTY OF P.G. COUNTY OF P.G. COUNTY OF P.G. COUNTY OF COUNTY OF P.G. COUNTY OF COUNTY OF COUNTY OF COUNTY OF COUNTY OF COUNTY OF COUNTY OF COUNTY OF COUNTY OF COUNTY OF COUNTY OF COUNTY OF COUNTY OF COUNTY OF COUNTY OF COUNTY OF COUNTY OF COUNTY OF COUNTY OF COUNTY OF COUNTY OF COUNTY OF COUNTY OF COUNTY OF COUNTY OF COUNTY OF COUNTY OF COUNTY OF COUNTY OF COUNTY OF COUNTY OF COUNTY OF COUNTY OF COUNTY OF COUNTY OF COUNTY OF COUNTY OF COUNTY OF COUNTY OF COUNTY OF COUNTY OF COUNTY OF COUNTY OF COUNTY OF COUNTY OF COUNTY OF COUNTY OF COUNTY OF COUNTY OF COUNTY OF COUNTY OF COUNTY OF COUNTY OF COUNTY OF COUNTY OF COUNTY OF COUNTY OF COUNTY OF COUNTY OF COUNTY OF COUNTY OF COUNTY OF COUNTY OF COUNTY OF COUNTY OF COUNTY OF COUNTY OF COUNTY OF COUNTY OF COUNTY OF COUNTY OF COUNTY OF COUNTY OF COUNTY OF COUNTY OF COUNTY OF COUNTY OF COUNTY OF COUNTY OF COUNTY OF COUNTY OF COUNTY OF COUNTY OF COUNTY OF COUNTY OF COUNTY OF COUNTY OF COUNTY OF COUNTY OF COUNTY OF COUNTY OF COUNTY OF COUNTY OF COUNTY OF COUNTY OF COUNTY OF COUNTY OF COUNTY OF COUNTY OF COUNTY OF COUNTY OF COUNTY OF COUNTY OF COUNTY OF COUNTY OF COUNTY OF COUNTY OF COUNTY OF COUNTY OF COUNTY OF COUNTY OF COUNTY OF COUNTY OF COUNTY OF COUNTY OF COUNTY OF COUNTY OF COUNTY OF COUNTY OF COUNTY OF COUNTY OF COUNTY OF COUNTY OF COUNTY OF COUNTY OF COUNTY OF COUNTY OF COUNTY OF COUNTY OF COUNTY OF COUNTY OF COUNTY OF COUNTY OF COUNTY OF COUNTY OF COUNTY OF COUNTY OF COUNTY OF COUNTY OF COUNTY OF COUNTY OF COUNTY OF COUNTY OF COUNTY OF COUNTY OF COUNTY OF COUNTY OF COUNTY OF COUNTY OF COUNTY OF COUNTY OF COUNTY OF COUNTY OF COUNTY OF COUNTY OF COUNTY OF COUNTY OF COUNTY OF COUNTY OF COUNTY OF COUNTY OF COUNTY OF COUNTY OF COUNTY OF COUNTY OF COUNTY OF COUNTY OF CO	A:35PM RTHPLACE (State or Foreign unity) N.J.  F DEATH COUNTY  10d. INSIDE CITY LIMITS? 1  YES 2 NO  F WHAT COUNTRY? A  ACE — American Indian, lack, White, etc.  POORING Town, State Lam, Md.  HOME, Inc.
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College (1-4 or 5+)   College (1-4 or 5+)   College (1-4 or 5+)   College (1-4 or 5+)   Limo Chauffeur	Transpor  Middle, Melden Surnerne)  ughlin  nber, City or Town, State, Zip Code)  20c. LOCATION — City or  Cheltenh  Gee Funeral  inder Ferry  and 20735	Town, State lam, Md. Home, Inc. Road Approximats Interval Between
Elementary/Secondary (0-12) 8 College (1-4 or 5 +) 1 Limo Chauffeur  17. FATHER'S NAME (First, Middle, Last) Harleson Hand 19e. INFORMANT'S NAME (Type/Print) Patricia Reed Same as 10a-10f.  20e. METHOD OF DISPOSITION 19 LACE OF DISPOSITION (Name of cemetary, crematory or other place) 19 Longition 5 Other (Specify)  21. SIGNATI NE DIF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY L. 6633 Old Alexa: Clinton, Maryla: 23. PART I. Inter the diseases, or complications that cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  DUE TO (ON AS A CONSEQUENCE OF):  DUE TO (ON AS A CONSEQUENCE OF):  DUE TO (ON AS A CONSEQUENCE OF):  DUE TO (ON AS A CONSEQUENCE OF):  DUE TO (ON AS A CONSEQUENCE OF):	Middle, Melden Surmerne) aughlin nber, City or Town, State, Zip Code)  20c. LOCATION — City or Cheltenh Gee Funeral ander Ferry and 20735	Town, State Lam, Md. Home, Inc. Road Approximate Interval Between
Harleson Hand  19a. INFORMANT'S NAME (Type/Print) Patricia Reed  30a. METHOD OF DISPOSITION THE Burlel 2 Cremetion 3 Removel from State 4 Donetton 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICENSEE Abook, or heert feliure. List only one cause on each lips.  123. PART 1. Shier the diseases, or complications that ceueed the death. Do not enter the mode of dying, such as cerd abook, or heert feliure. List only one cause on each lips.  124. Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Placese or Injury that infiliated events resulting in death) LAST  125. MAME AND ADDRESS OF FACILITY Interest the disease or condition.  126. PLACE OF DISPOSITION (Name of cemetary, cremetary or other piece) MC. Veterans Cemetery  127. NAME AND ADDRESS OF FACILITY Interest the disease, or complications that ceueed the death. Do not enter the mode of dying, such as cerd abook, or heer feliure. List only one cause on each lips.  128. MAME AND ADDRESS (Finel disease or condition.  129. MAME AND ADDRESS (Finel disease or injury that infiliated events resulting in death) LAST	20c. LOCATION - CHy or Cheltenh Lee Funeral ander Ferry and 20735	Town, State Lam, Md. Home, Inc. Road Approximats
19a. INFORMANT'S NAME (Type/Print) Patricia Reed  20a. METHOD OF DISPOSITION HE Surfel 2   Cremation 3   Removel from State 4   Donation 5   Other (Specify)  21. SIGNATI WE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY [, 6633 Old Alexa: Clinton, Maryla: Abock, or heart feliurs. List only one cause on each line.  IMMEDIATE CAUSE (Finel diseases or conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  19b. MAILING ADDRESS (Street and Number or Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Route Number of Rural Route Route Route Rural Route Route Route Route Route Route Route Route Route R	20c. LOCATION — CHy or Cheltenh Cheltenh Jee Funeral Inder Ferry and 20735	Home, Inc. Road  Approximate interval Between
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20b. PLACE OF DISPOSITION   20b. PLACE OF DISPOSITION (Name of cometer), crematory or other place)  4   Donation 5   Other (Specify)   Md   Veterans Cemetery  21. SIGNATURE OF FUNERAL SERVICE LICENSEE   22. NAME AND ADDRESS OF FACILITY I. 6633 Old Alexa Clinton, Maryla Clinton, Maryla Clinton, Maryla Clinton, Maryla Clinton, Maryla Clinton, Maryla Clinton, Maryla Clinton, Maryla Clinton, Maryla Clinton, Maryla Clinton, Maryla Clinton, Maryla Clinton, Maryla Clinton, Maryla Clinton, Maryla Clinton, Maryla Clinton, Maryla Clinton, Maryla Clinton, Maryla Clinton, Maryla Clinton, Maryla Clinton, Maryla Clinton, Maryla Clinton, Maryla Clinton, Maryla Clinton, Maryla Clinton, Maryla Clinton, Maryla Clinton, Maryla Clinton, Maryla Clinton, Maryla Clinton, Maryla Clinton, Maryla Clinton, Maryla Clinton, Maryla Clinton, Maryla Clinton, Maryla Clinton, Maryla Clinton, Maryla Clinton, Maryla Clinton, Maryla Clinton, Maryla Clinton, Maryla Clinton, Maryla Clinton, Maryla Clinton, Maryla Clinton, Maryla Clinton, Maryla Clinton, Maryla Clinton, Maryla Clinton, Maryla Clinton, Maryla Clinton, Maryla Clinton, Maryla Clinton, Maryla Clinton, Maryla Clinton, Maryla Clinton, Maryla Clinton, Maryla Clinton, Maryla Clinton, Maryla Clinton, Maryla Clinton, Maryla Clinton, Maryla Clinton, Maryla Clinton, Maryla Clinton, Maryla Clinton, Maryla Clinton, Maryla Clinton, Maryla Clinton, Maryla Clinton, Maryla Clinton, Maryla Clinton, Maryla Clinton, Maryla Clinton, Maryla Clinton, Maryla Clinton, Maryla Clinton, Maryla Clinton, Maryla Clinton, Maryla Clinton, Maryla Clinton, Maryla Clinton, Maryla Clinton, Maryla Clinton, Maryla Clinton, Maryla Clinton, Maryla Clinton, Maryla Clinton, Maryla Clinton, Maryla Clinton, Maryla Clinton, Maryla Clinton, Maryla Clinton, Maryla Clinton, Maryla Clinton, Maryla Clinton, Maryla Clinton, Maryla Clinton, Maryla Clinton, Maryla Clinton, Maryla Clinton, Maryla Clinton, Maryla Clinton, Maryla Clinton, Maryla Clinton, Maryla Clinton, Maryla Clinton, Maryla Clinton, Maryla Clinton, Maryla Clinton, Maryla	Cheltenh Lee Funeral Inder Ferry Ind 20735	Home, Inc. Road  Approximets Interval Between
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ahock, or heert feilurs. List only one cause on each lips.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST	rdiac or reepiratory arrest,	Interval Betwe
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.	24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO	24b. WERE AUTOPSY FINDING AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only on	one)	
EXAMINER?    HOSPITAL:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER:   OTHER		
	ESCRIBE HOW INJURY OCCURED	
	CATION (Street and Number or Rur y or Town, State)	ral Route Number,
29a. CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause of my knowledge, death occurred at the time, date and place, and due to the cause of my knowledge, death occurred at the time, date and place, and due to the cause of my knowledge, death occurred at the time, date and place, and due to the cause of my knowledge, death occurred at the time, date and place, and due to the cause of my knowledge, death occurred at the time, date and place, and due to the cause of my knowledge, death occurred at the time, date and place, and due to the cause of my knowledge, death occurred at the time, date and place, and due to the cause of my knowledge, death occurred at the time, date and place, and due to the cause of my knowledge, death occurred at the time, date and place, and due to the cause of my knowledge, death occurred at the time, date and place, and due to the cause of my knowledge, death occurred at the time, date and place, and due to the cause of my knowledge, death occurred at the time, date and place, and due to the cause of my knowledge, death occurred at the time, date and place, and due to the cause of my knowledge, death occurred at the time, date and place, and due to the cause of my knowledge, death occurred at the time, date and place, and due to the cause of my knowledge, death occurred at the time, date and place, and due to the cause of my knowledge, death occurred at the time, death occurred at the time, death occurred at the time, date and due to the cause of my knowledge, death occurred at the time, death occurred at the time, date and due to the cause of my knowledge, death occurred at the time, death occurred at the time, death occurred at the time, death occurred at the time, death occurred at the time, death occurred at the time, death occurred at the time, death occurred at the time, death occurred at the time, death occurred at the time, death occurred at the time, death occurred at the time, death occurred at the time, death	la and place, and due to the caus	se(a) and menner as stated
30. NAME AND ADDRESS OF PRESCH WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)	//	1190

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-mours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit per filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Hem 28 is marked, or Hem 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 1

BALTIMORE, MARYLAND 21203-3146



DHMH-18 Rev 1/89

	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPART				HYGIENE REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last) Arbutus A.	Haller				2. DATE OF MONTH	DAY DAY	YEAR 1 QQ ()	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 213- 74- 9669	1 □ M 2X□ F 91	YAS.	F UNDER 1 YEAR	# UNDER 24 HRS. HOURS MIN.	7. DATE OF (Month, I	BIRTH ** Day, Year) 19,1898	8. BIRTT	HPLACE (State or Foreign try)  Verton, Md.
TOR	90. FACILITY NAME (If not institution, give Coffman Home for RESIDENCE OF DECEDENT		5	Hagers	town	DEATH		shin	
DIRECTOR	10a. STATE 10b. COUNT	hington		town on Local					10d. INSIDE CITY LIMITS? 1 X YES 2 NO
FUNERAL	100. STREET AND NUMBER 832 Hamilton B				21740	)		J. S.	WHAT COUNTRY?
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IF FORCES? 1 _ YES IF YES, GIVE WAR OR DO	2 THO	If yes, sp	ENDENT OF HISP ocity Cuben, Mexi-	can, Puerto Ric	Specify Yes or No-	14. RAC	E — American Indian, ok, White, etc.
COMPLETED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)		16a. DECEDENT'S US (Give kind of wo life. Do NOT use Housewi	rk done during mo retired.)	ON ait of working	16b. K	Own Home		
BE COM	17. FATHER'S NAME (First, Middle, Last) James Jones				18. MOTHER'S A		idle, Meiden Surneme	)	
TO B	19a. INFORMANT'S NAME (Type/Print) Charlotte Giles		120 5	. Pros	pect St.	, Hage	City or Town, State,	Md. 2	
	20e. METHOD OF DISPOSITION  1 Buriel 2 Cremetion 3 Rer  4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE L	moval from State	RSOE HIL	1 Ceme	tery			own,	Md. 21740
	John H. Bas	00	Jack &		FUNERAL				sboro Pike , Md. 21713
CERTIFICATION	23. PART I. Enter the diseases, or shock, or heart fellure immediate CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. Cura DUE TO (OR AS A DUE TO (OR AS A C.		lus					Approximate interval Between Onset and Dasti
MEDICAL	PART II. Other algnificant condition	one contributing to death be		tha underlyin			4a. WAS AN AUTOPS PERFORMED? I YES 2 4 NO	Y 24	b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL: 1   Inpatient 2   ER/Outs		OTHER:	LACE OF DEATH (	111	Specify)		
	27. MANNER OF DEATH 1 Netural 8 Pending	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 28c. IN.	JURY AT DRK? YES 2 NO		RIBE HOW INJURY	CCUREO	
TED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28s. PLACE OF INJURY	— At home, farm, str	reet, factory, offic	en .	281. LOCAT	TON (Street and Num Town, State)	ber or Rural	Route Number,
COMPLETED	anal and	SICIAN: To the best of my know VER: On the besis of examination							(s) and manner as stated.
TO BE C	296. SIGNATURE AND TITLE OF CERTIFI	ex 1	-m	)	29c. LICENSE N	1UMBER 930	29d. D	ATE SIGNE	(Month, Day, Year)
-	30. NAME AND ADDRESS OF PERSON W	C/CE/C	m	Print)	145	w. C	inte	1	n b
	JAN 05 90	32 MEGISTRAN'S, SIGN	n- Handell						

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1 - STATE REGISTRAR
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	1 - STATE REGISTRAR	,	SIAIE UF N	IARYLAND / Ce	DEPAR	ICATE	OF	DEAT	AND N		YGIENI EG. NO.	E		
	1. DECEDENT'S NAME (First, Middle Donn		R	ay	7	Harr	ell			2. DATE OF D MONTH 1-8-0		٧	YEAR	9:25AM M
	4. SOCIAL SECURITY NUMBER 240–68–2162		SEX	6. AGE (In yrs. les	t birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF B (Month, Day 6-15-1	IRTH (, Year) 944		Countr	PLACE (State or Foreign
HC	Southern Mary			al		96. CITY		n LOCATION					NTY OF D	
5	RESIDENCE OF DECEDE	COUNTY			I soe CIT	Y, TOWN O	DO LOCAT	TON						10d, INSIDE CITY
DIRECTOR	1 22		e George	e's	m	coke								LIMITS?
FUNERAL	100. STREET AND NUMBER 15921 Livingst	ton Ro	oad				101	206		-		11.5	USA	WHAT COUNTRY?
BY	11. MARITAL STATUS  1 Never Married 2 Marrie 3 Nidowed 4 Divorced			T EVER IN U.S. AR TYPES 2 XX  BR OR DATES		- 7	If yes, sp			IIC ORIGIN? (Sp n, Puarto Rican		or No	14. RACI Black Whi	E — American Indian, k, White, atc. //y: TE
COMPLETED	15. DECEDENT (Specify only higher Elementary/Secondary (0-12)	est grade con		(G	CEDENT'S We kind of a NOT u	work done se retired.)	CCUPATIO	ON st of worldr	g	10 %		ucti		
BE COM	17. FATHER'S NAME (First, Middle, I Tommy Harrell									ME (First, Middle alston		Surname)		
5	Joan Faye Harr			19						, ACCO				607
	20a. METHOD OF DISPOSITION		from State	20b. PLACE other pl EVETQI	lacal .			,,	. ,			SON.		th Carolina
	21. SIGNATURE OF FUNITIAL SER	NIOE LICEN	att	?		22. Hi	NAME A	FUD	ss of fa	сииту Номе				04-0156
	23. PART I. Enter the disease shock, or heart f IMMEDIATE CAUSE (Final	es, or con failure. Lis	only one cau	se on each line	b.						or respl	ratory an	reat,	Approximate Interval Between Onset and Death
	disease or condition resulting in death)	ā		OSC1erot			ovas	scula	r di	sease				
TION	Sequentielly list conditions, if any, leading to immediate	<b>S</b> b	DUE TO	(OR AS A CONSE	QUENCE O	F):								
TIFICA	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	C	DUE TO	(OR AS A CONSE	OUENCE O	OF):						3		
S		d												<u> </u>
PHYSICIAN: MEDICAL CERTIFICATION	PART II. Other significant co	onditions of	ontributing to	death but not	resulting	in the u	nderlyin	g cause	given in		PERFOR	MED?		D. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? XX X X X Y 1 YES 2 NO
ICIAI	25. WAS CASE REFERRED TO MEE EXAMINER?		OSPITAL:	ER/Outpatient 3		OTHE		LACE OF D	EATH (Ch	eck only one)				
	X1XYES 2 NO  27. MANNER OF DEATH XXX 1 Natural 5 Pendi	ing	28a. DATE OF (Month, D	INJURY	28b. TIP		28c. IN.	JURY AT ORK?		8 Other (Sp 28d. DESCRIE		NJURY OC	CURED	
red BY	2 Accident Invest 3 Suicide 6 Could 4 Homicide determ			F INJURY — At he etc. (Specify)	ome, farm,	street, fac					N (Street a writ, State)	nd Numbe	or Rural	Floute Number,
COMPLETED	L'income forty		_	my knowledge, dexamination and/or										a) and manner as stated.
BE	296. SIGNATURE AND TITLE COST		nder	10	5				OCME				1-9-	90 (Month, Day, Year)
2	and address of dalia C. Goo	odin,	OMPLETED CAU	SE OF DEATH (ITE	11 P	e, Print) enn	Stre	et,B	alti	more,M	D 21	201		VC
U	31. DATE FILED (Month, Day, Year)	0	32. REGISTRA	Davidson-	Pande	22								

	900	22
DIVISION OF VITAL RECORDS, P.O. BOX 1	IL DR ATTENDING PHYSICIAN: The faw requires that the death certificate be exect	L DIRECTOR: After this certificate has been signed by the attending physician and 2 hours after death with the State Dept. of Health and Mental Hygiene prior to bur
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND I	MENTAL HYGIENE
CERTIFICATE OF DEATH	REG. NO.

	1 - FOR STATE OF MAR	YLAND / DEPARTI			ENTAL HYGIEN		
	1. DECEDENT'S NAME (First, Middle, Lest)		AIL OI		. DATE OF DEATH		3. TIME OF DEATH
,	Mildred E. Happick			J	anuary 3,		7:00 AM M
		GE (In yrs. lest birthday)	F UNDER 1 YEAR		DATE OF BIRTH	8.	BIRTHPLACE (State or Foreign
	052-20-2255 1□M2√F	90 YRS. MK	ONTHS DAYS	HOURS MIN.	(Month, Day, Year) uly 9, 18		Country) EW York
į	9a. FACILITY NAME (If not institution, give street and number)		b. CITY, TOWN O	R LOCATION OF DEAT		9c. COUNTY	
DIRECTOR	10000 Brunswick Avenue #60	7	Silver	Spring		Mont	gomery
	RESIDENCE OF DECEDENT  10e. STATE 10b. COUNTY	10c, CITY, 1	TOWN OR LOCAT	ON		-	10d, INSIDE CITY
	Maryland Montgomery		lver Sp				LIMITS?
7	10e. STREET AND NUMBER			ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
È	10000 Brunswick Avenue #60	7		20910		United	States
	11. MARITAL STATUS 12. WAS DECEOENT EV	ER IN U.S. ARMED	13. WAS DEC	ENDENT OF HISPANIC	DRIGIN? (Specify Yea		RACE — American Indian, Black, White, etc.
10	1 Never Married 2 Married FORCES? 1 IF YES, OIVE WAR (			cify Cuban, Maxican, I 2 NO Specify:	Puarto Rican, etc.)		Black, Whita, etc. Specify: White
3	15. DECEDENT'S EDUCATION	16a. DECEDENT'S US	UAL OCCUPATIO	N .	18b. KIND DF BU	SINESS/INDUST	
	(Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5+)	(Give kind of wor	k done durina mo:	t of working			
	12	Secretar	У		Cemet	ery	
5	17. FATHER'S NAME (First, Middle, Lest)			16. MOTHER'S NAME	(First, Middle, Maiden	Surname)	
	Hugh Everhart			Maude Ba	ssett		
100	19a. INFORMANT'S NAME (Type/Print)	19b. MAILINO AI	DDRESS (Street a	nd Number or Rural Rou	ite Number, City or Tow	n, State, Zip Co	de)
-	Richard J. Happick	10308 1	Drumm A	venue Ke	nsington,	Maryl	and 20895
	26a, METHOD OF DISPOSITION 1 X Burlal 2 Cremation 3 Removal from State	20b. PLACE OF DISPOSIT other place)	ION (Name of cen	etery, cremetory or	20c. LO	CATION — City	or Town, Stata
	4 Donation 5 Other (Specify)	Woodlawn	Cemeter	У	Syra	acuse,	New York
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		22. NAME AN	A Dumph	ITY	cal Hom	10/
	· Kabut Farnah	M00198	Bet	A. Pumph hesda-Che isconsin	vy Chase,	Inc.	MD 20814
	23. PART I. Enter the disesses, or complications that ca ahock, or heart fellure. Liet only one ceuse		t enter the mo	de of dying, such	ss cerdiec or resp	iratory srrest	Approximate Interval Batween
	IMMEDIATE CAUSE (Finel disease or condition	AC A	Res	T			Onset and Dasth
		AS A CONSEDUENCE OF):					+ MODIATE
,		BAL =	IN CA	RCTION	)		Francolate OUNETURA
CALICA	Sequentially list conditions, If any, leading to immediate	AS A CONSEQUENCE OF):					
3	ceuse. Enter UNDERLYING CAUSE (Disease or Injury						
	that initiated events DUE TO (OR	AS A CONSEDUENCE OF):					
Z L	resulting in desth) LAST						
ا ر	PART II. Other aignificant conditions contributing to dec	th but not resulting in	the underlying	cause given in Pr			24b. WERE AUTOPSY FINDINGS
5					PERFO		AVAILABLE PRIOR TO COMPLETION OF CAUSE
MEDI					_	Z (X ND	DF DEATH?
					_		
3	25. WAS CASE REFERRED TO MEDICAL		26. Pt	ACE DF DEATH (Check	k only one)		
2	EXAMINER?  1 YES 2 NO 1 Inpution 2 E		OTHER:	5 X Residence 6	Other (Specify)		
PHISICIAN	27, MANNER OF DEATH 28a, DATE OF INJ (Month, Day, 1	URY 25b. TIME (	OF 28c. INJ	URY AT RK?	28d. DESCRIBE HOW	INJURY OCCUP	REO
10	1 🔀 Natural 5 🗌 Pending 2 🗀 Accident Investigation	111001		ES 2 NO			
	3 Suicide 8 Could not be 28e. PLACE OF in building, atc.	JURY — At home, farm, str. (Specify)	eet, factory, offic		28t, LOCATION (Street City or Town, State	and Number or	Rural Route Number,
	4 Homicide detarmined						
COMPLETED	29a. CERTIFIER (Check only one) 1 🖾 CERTIFYINO PHYSICIAN: To the beat of my 2 🔲 MEDICAL EXAMINER: On the beats of exam						
	29b. SIGNATURE AND TITLE OF CERTIFIER	0		29c. LICENSE NUMB	ER		HONED (Month, Day, Year)
IO DE	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE I	OF DEATH (ITEM 27) (Type, P	rint)	D091	//	Jan	3, 1990
	Richard H. Pollen, M.D. 1	0400 Connect	ticut A	venue Ke	nsington,	Maryl	and 20895
	31. DATE BILED (Month Day Year) 32/REGISTRAR'S	SIGNATURE					
- 1	Juna Day	dson-Randoll					

	REGISTRAR	CERTIF	CATE OF	DEATH	REG. N	10.		
	1. DECEDENT'S NAME (First, Middle, Last)  Elmer James	H	astina		2. DATE OF DEATH MONTH January	DAY 5	1990	1235 M
	4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (III) M 2 D F 7	yrs. lest birthday)  YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 MRS. HOURS MIN.	7. DATE OF BIRTH 9/27/16	17	Male Miles	ton De.
TOR	PENINSULA GENERAL HOSPITAL RESIDENCE OF DECEDENT			BURY, MAI			WICOM	
FUNERAL DIRECTOR	Md. Worcester	10c. CITY	Be <b>r</b> lir		T.			10d. INSIDE CITY LIMITS? 1 YES 2 AL NO
ERAL	528 Ocean Pines		10	21811		10g. C	US.	HAT COUNTRY?
ВУ	11. MARITAL STATUS  1 Never Married 2 Merried  3 Widowed 4 Divorced  12. WAS DECEDENT EVER IN FORCES? 1 VES IF YES, GIVE WAR OR DATE.	2 200	If yes, sp	ecity Cuben, Mexicen, 2 A NO Specify:		Yee or No-	14. RACE Black, Specify	- American Indian, White, atc.
COMPLETED	15. DECEDENT'S EDUCATION (Specify anly highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5+)		usual occupations done during me e retired.)	et of working	16b. KIND OF I		NDUSTRY	
NO	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S NAM			,	
BE (	Joshua Hastings				Warrin	~		
0	Doris L. Hastings	19b. MAILING 528 (	cean F	ines Be	rlin Mo	l. 2]	Zlo Code) [8]]	
	20b. METHOD OF DISPOSITION 1 20b. 1 A Burlal 2 Cremetton 3 A Removal from State 4 Donation 5 Other (Specify)	PLACE OF DISPOS Jac Fe	Llows (	notery, crematory or emetery	20c.		n De	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		Shor	t Funer Box 23	al Serv	ices n De	Inc 19	968
	23. PART I. Enter the disease, or complications that faused shock, or heart failure. List only one cause on ear immediate Cause (Final disease or condition resulting in death)  a. DUE TO (OR AS A.	Paul	crea	tode of dying, such	ss cerdlec or re-	spiratory (	arrest,	Approximate Interval Between Onset and Ceath
CERTIFICATION	Samuellelly Her conditions The Chronic	USE CONSEQUENCE OF	Col	teritions uposis	teroid	ls		6 mos 8 mos 6 weeks
MEDICAL	Supulation (4) lec		105is	g cause given in P	PERI	AN AUTOPS FORMED?		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE DF DEATH?  1 YES 2 NO
PHYSICIAN:	25. WAS CAME REFERRED TO MEDICAL HOSPITAL: 1 YES 2 2000 1 27. MANNER OF DEATH 28s. DATE OF INJURY	tlent 3 DOA	OTHER: 4 Nursing Hor	LACE OF OEATN (Chec				
BY P	1 Natural 5 Pending (Month, Day, Year) 2 Accident Investigation	INJ	M 1	YES 2 NO				
ETED	3 Suicide 6 Could not be determined 28e. PLACE OF INJURY building, etc. (Specific Could not be determined)	y)	erreet, factory, one		26f. LOCATION (Stre City or Town, St		ber or Rural R	oute Number,
COMPLETED	29a. CERTIFIER (Check only one) CERTIFYING PHYSICIAN: To the best of my knowled one) MEDICAL EXAMINER: On the best of examination							and manner as stated.
TO BE C	MANNE AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEA	M. TH (ITEM 27) (Type,	D Print)	D 36 Z	96 46	29d. D	ATE SIONED	(Month, Day, Year) 5-90
12	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNA	TURE	F.C	arroll St	Jal	isbu	ivy M	d 2/801
-	JAN 9 90 Gula Davidson A	Note:						

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12:1. VICE 10:10

TO BE COMPLETED BY FUNERAL DIRECTOR

- STATE REGISTRAR		SIMIE UF I	C	ERTIFIC	CATE OF	DEATH		REG. NO.			
1. DECEOENT'S NAME (First, A	Widdle, Last)			9.1			2. DATE OF				3. TIME OF OEATH
C	LAUL	DE	J.	Ho	llowa	u SR.	Any			990	1610
SOCIAL SECURITY NUMBE		5. SEX	8. AGE (In yra. In:		IF UNDER 1 YEAR	UNDER 24 HRS.	7. DATE OF I	BIRTH		8. BIRTHP	LACE (State or Foreign
217-30-9984		1 X 1 2   F	87	YRS.	NONTHS DAYS	HOURS MIN.	(Month, Da	30-	1902	MARY	YLAND
. FACILITY NAME (If not inst	itution, give atr	set and number)			9b. CITY, TOWN	OR LOCATION OF O	EATH		9c. COU	NTY OF OE	ATH
PENINSULA (	GENERA	L HOSPI	[AL		SAL	ISBURY.	MARYLA	ND		WICO	MICO
	10b. COUNTY			10c. CITY,	TOWN OR LOCA	TION					10d. INSIDE CITY
ARYLAND	WIC	OMICO			SALISB	IIRY					LIMITS?
. STREET AND NUMBER	1120	01,100				f. ZIP COOE			10g, CITI		AT COUNTRY?
RT 5, QUANT	ICO RD					2180	1			US	SA
. MARITAL STATUS  Never Merried 2 XN  Widowed 4 Divorce		FORCES?	T EVER IN U.S. AF	MEO NO	If yes, sp	DECITY Cuben, Mexic 3 2 NO Speci	an, Puerto Rica		or No-	14. RACE - Bleck, Specify	- American Indian, White, stc.
	DENT'S EDUC				SUAL OCCUPATI		16b. KIP	NO OF BUS	INESS/INC	USTRY	WILLER
(Specify only : Elementary/Secondary (0-1	highest grade o		Ma	ilve kind of wo . Do NOT use	ork done during m retired.)	ost of working					
7 YEARS	-/	College (1-4 or 5		ODUCE	BUYER			рі	RODUC	E	
FATHER'S NAME (First, Mid	idle, Last)		110	00000	DOTTIN	18. MOTNER'S N	AME (First Mirtel	-		. 4	
CHARLES		WARD	HOLLOW	AV CI	R	CARRIE				CROCI	KETT
. INFORMANT'S NAME (Typ	-	MAKD				and Number or Rural		City ov Thurs	State 71-		replaced
C. JAMES HO		Y. JR.				ST, ROCK			2085		
. METHOD OF DISPOSITIO	n 1/11	790				metery, cremetory or		_	CATION	City or Tow	n. State
Burlel 2 Cremetion Donation 5 Other		val from State			MEMORIA				ISBU		MD
SIGNATURE OF FUNERAL		ENSEE			22. NAME A	NO ADORESS OF F	ACILITY				
10.60	2	Jack	? _ /		HOLL	OWAY FUN	ERAL H	OME, I	PA.		
MAI	1.	Your	raa f		501	SNOW HIL	L RD,	SALIS	SBURY	, MD	21801
sequentially list condition farry, leading to immediause. Enter UNDERLYIN AUSE (Disease or Injurhat Initiated events seulting in death) LAST	one, late IG	P-ES,	O (OR AS A CONSE	CUENCE OF)	FAIL						
ART II. Other significen						ng cause given tr	Part I. 24	a. WAS AN PERFOR			WERE AUTOPSY FINDING
M	TEAR	OIAL	INF	APCT	10		1	□ YE\$ 2			COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
WAS CASE REFERRED TO	MEOICAL				26. P	PLACE OF DEATH (C	heck only one)				
EXAMINER?		HOSPITAL:	☐ ER/Outpatient		OTHER:	ne 5 🗆 Residence	6 Other /S	nec/fv)			
MANNER OF DEATH	ending	26e. DATE O		26b. TIME	OF 28c. IN	JURY AT ORK?	28d. OESCRI		NJURY OC	CUREO	
2 Accident In 3 Suicide 6 C	could not be	28e. PLACE building	OF INJURY — At h	ome, farm, st		YES 2 NO	28f. LOCATIO	DN (Street e	and Number	or Rural Ro	oute Number,
4 Nomicide d	etermined	12.75%									
one)						e and place, and du					end menner se stated
b. SIGNATURE AND TITLE	OF CERTIFIER					29c. LICENSE NU	JMBER		29d. OAT	E SIGNEO	Wonth, Day, Year)
RI	ta	el	/4 A			029			<b>&gt;</b>	/7/	90
D. NAME AND ADDRESS OF	PERSON WHO	COMPLETED CAL	ISE OF DEATH (ITI	M 27) (See )	Print)	029	, = 3			///	10
LOBERT	-				,	SAL	SBUR	7 ~	10-	211	100
DATE FILED (Month, Day 1	hor?		AR'S SIGNATURE		-			1			757
JAN 1 0 790	)	plus	ولمطن	AGA.							

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24/10/burs after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-traksit, be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

8

IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

REGISTRAR  1. DECEDENT'S NAME (First, Middle,	Lest)				2. DATE (	OF DEATH	v	YEAR	3. TIME OF DEATH
	EWING BUCHANA				JAN	UARY 3	9 1990	0	8:00 A
4. SOCIAL SECURITY NUMBER 410-64-2138	1 🕟 M 2 🗆 F	78 YRS. MO	NTHS DAYS F	IF UNDER 24 HRS. HOURS MIN.	MARC	Day, Year)	1911	TE	ENNESSEE
99. FACILITY NAME (If not institution,  NATIONAL NAVA RESIDENCE OF DECEDEN	L MEDICAL CENT		BE	THESDA	EATH		9c. COUNT		MERY
10a. STATE 10b. CC			OWN OR LOCATIO						10d. INSIDE CITY LIMITS? 1 YES 2 X NO
10e. STREET AND NUMBER				ZIP CODE			10g. CITIZI	EN OF W	HAT COUNTRY?
3603 TARKINGTO	N LANE	R IN U.S. ARMED	13. WAS DECEN	20906 NDENT OF HISPA	NIC ORIGINS	7 (Specify Ven			- American Indian.
1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 TO YE IF YES, GIVE WITH OR	S 2 NO		Ify Cuban, Maxico	in, Puerto R		3. 100	Black Specif	, White, etc.
15. DECEDENT'S (Specify only highest Elementary/Secondary (0-12)		100000	done during most stred.)	of working	16b.	KIND OF BUS			
12		U.S.	M. C.				EFENS	E	
17. FATHER'S NAME (First, Middle, Las EDWIN HAR	VEY	T		0.2	AUDE	WATTS			
19a. INFORMANT'S NAME (Type/Print) EDITH M. HARVEY		3603 T	CARKINGT	ON LANE		VER SI	PRING	, MI	
20a. METHOD OF DISPOSITION 1	Removal from State	nob. PLACE OF DISPOSITION Of the Place)  Metropolit			У		xand		wn, State
21. SIGNATURE OF FUNERAL SERVICE	CE LICENSEE		22 NAME AND	ADDRESS OF FA	Aller andrews				
23. PART I, Enter the diseases shock, or heart fail IMMEDIATE CAUSE (Final disease or condition	iure. List only ona cause on	aach line.	TAK( 251 anter the mode	OMA FU. 4 Carr of dying, suc	NERA oll th as card	St. N	. W.	Wa	Shingto Approximate interval Batw Onset and D
shock, or heart fail IMMEDIATE CAUSE (Final disease or condition reaulting in death)  Sequentially list conditions,	a. CHRONIC  DUE TO (OR AS	OBSTRUCTIV S A CONSEQUENCE OF:	TAK( 251 anter the mode	OMA FU. 4 Carr of dying, suc	NERA oll th as card	St. N	. W.	Wa	Approximate interval Batw
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1	1. DECEDENT'S NAME (First, Middle, Leat)  LOUI'SE NMI	Louise N	MI Hall			2. DATE OF DEATH MONTH 1-10	Y-90 YEAR	3. TIME OF DEATH		
			(In yrs. lest birthday) 65 YRS.	IF UNDER 1 YEA		7. DATE OF BIRTH (Month, Day, Year) 4-9-24	Coun	HPLACE (State or Fore		
TOR	Shady Grove Adventist Hospital Rockville Montgomery									
DIRECTOR	10a, STATE 10b, COUNTY	ontgomery	10c. CIT	Roc]	cation cville			10d. INSIDE CITY LIMITS? 1 XYES 2 N		
FUNERAL	213 Lincoln Ave				10f. ZIP CODE 208		US.	WHAT COUNTRY?		
BY FUI	11. MARITAL STATUS 1 Never Married 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 TYES IF YES, GIVE WAR OR I	2X NO	If yes	DECENDENT OF HISPA I, specify Cuban, Maxico YES XIXNO Specific		Blac	CE — American Indian ck, Whita, etc. city: Black		
APLETED	15. DECEDENT'S EDUCI (Specify only highest grade of Elementary/Secondary (0-12) 8th	OTION completed) College (1-4 or 5+)	Ille. Do NOT u	work done during	most of working	16b. KIND OF BU	SINESS/INDUSTRY			
BE COMPL	17. FATHER'S NAME (First, Middle, Lest) John Barcus				Geor	MME (First, Middle, Meider gia Hawk:	ins			
10	Melvin A. Hall		210	Elizal	oeth Ave	Route Number, City or Tow	ille, M			
	20b. PLACE of PisPosition 1 M Buriet 2 Cremetion 3 Removel from State 4 Donation 5 Other (Specify)  1 M Buriet 2 Cremetion 3 Removel from State 2 Cremetion 5 Other (Specify)  1 M Buriet 2 Cremetion 5 Other (Specify)  20c. LOCATION — City or Town, State Rockville, MD  212, NAME AND ADDRESS OF FACILITY Snowden Funeral Home, P.A.									
	GUNER!	monde	u			neral Hor MD 2085		•		
CERTIFICATION	23. PART I. Enter the diseases, a conshock, or heart fellure. Limited the condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE C	Sh Tille	ock	th as cardiac or reep		Approxima Interval Be Onset and 12he		
MEDICAL	PART II. Other significant conditions	contributing to desth	but not resulting	in the under	lying cause given in	Part I. 24a. WAS AI PERFO	RMED?	ABLABLE PRIOR 1 COMPLETION OF CO OF DEATH?  1 YES 2 N		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1 VES 2 NO 1 NO 1 No Normalia (Specify)  26. PLACE OF DEATH (Check only one)  OTHER:  1 Normalia Home 5 Residence 8 Other (Specify)									
ву Рну	27. MANNER OF DEATH  Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TII	AE OF 280 JURY	INJURY AT WORK?	28d. DESCRIBE HOW	INJURY OCCURED			
ETED	3 Suicide 8 Could not be 4 Homicide determined	28s. PLACE OF INJUF building, etc. (Sp		street, factory,	office	281. LOCATION (Street City or Town, State		l Route Number,		
COMPL	079) 2 MEDICAL EXAMINER	IAN: To the best of my kno						r(s) and manner se st		
TO BE	206. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO	Leve N	DEATH (ITEM 27) (for	Print	29c. LICENSE NU	6520	29d. DATE SIGNE	90 (Month, Day, Year)		
	DI 11: C/1	einer MD  32. REGISTRAR'S SIG	50 W	Edmo	nston R	hive Ro	darle	, Mel		
	JAN 16'90	1	vidon-Vans	1000						

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

				ICATE O		REG. NO.		
1. DECEDENT'S NAME (First, Middle, I	Lest)			- 61		2. DATE OF DEATN		3. TIME OF DEATH
WILLIAM 3	JOHN	JOHNS	ON	5	SR	)1 15	9(	DS03 AM
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lest		IF UNDER 1 YEA		7. DATE OF BIRTH		6. BIRTNPLACE (State or Foreign
216-10-5230	1 □M 2 □ F	82	YRS.	MONTHS DAY	B HOURS MIN.	Nov. 20, 190	07	Pennsylvania
9e. FACILITY NAME (If not institution,	give street and number)			9b. CITY, TOW	VN OR LOCATION OF D			TY OF DEATH
NORTH ARUNDEL H	OSPITAL TOTAL			GLEN I	BURNIE		A.A.	COUNTY
10e. STATE 10b. CO		10c. CIT	Y, TOWN OR LO	CATION			10d. INSIDE CITY	
Maryland I	Harford		I	bingdo	n			LIMITS? 1 ☐ YES 2 🔀 NO
3716 Sewell Ro				101. ZIP CODE 21009		10g. CITIZ	ZEN OF WHAT COUNTRY? USA	
11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	T EVER IN U.S. ARN YES 2 XN MR OR DATES		If yes,	DECENDENT OF NISPA , specify Cuben, Mexic YES 2 XNO Speci		or No-	14. RACE — American Indian, Black, White, atc. Specify: White	
16. DECEDENT'S	EDUCATION	16a. DEC	CEDENT'S	USUAL OCCUP	ATION	16b. KIND OF BUS	SINESS/IND	
(Specify only highest : Elementary/Secondary (0-12)	College (1-4 or 5+	Ille.	ve kind of Do NOT u Expe	work done during se retired.) nter	most of working	Cons	struc	tion
17. FATHER'S NAME (First, Middle, Las	1)				18 MOTNED'S M	AME (First, Middle, Maiden	Cumanal	
Samuel —	Johnson				Ida		entta	ri
William J. John	nson, Jr.					Route Number, City or Town		
20s. METNOD OF DISPOSITION    Burlel 2   Cremetion 3	Removal from State	20b. PLACE C	OF DISPO	SITION (Name of	Camelany Crameling ov	200 10	CATION -	City or Town, State
4 Donation 6 Other (Specify)		Bel A	ur M	emoria	1 Gardens	, Bel Air,	Md.	
21. SIGNATURE OF FUNERAL SERVICE	LICENSEE			HOW	ard K. Mc	ACILITY	unera	al Home, P.A.
	A =:	1 - 1			( )			Interval Batwee Onset and Deat
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PART II. Other eignificant conditions    Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST    PART II. Other eignificant conditions or injury that initiated events resulting in death) LAST    PART II. Other eignificant conditions or injury that initiated events resulting in death) LAST    PART II. 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Total agent

BALTIMORE, MARYLAND 21203-3146

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,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 25 of	TO THE FUNERAL DIRECTOR; After this certificate has been signed by the attending physician and completely fille	Cremi	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the	
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,

FOR STATE REGISTRAR	STATE OF MARYLAND / DEPART	TMENT OF HEALTH AND	MENTAL HYGIENE REG. NO.	
1. DECEDENT'S NAME (First, Middle, La			2. DATE OF DEATH	3. TIME OF DEATH
Lawrence H.	Johnson		MONTH DAY	YEAR 20 4:18 a M
4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs. last birthday)	IF UNDER 1 YEAR   IF UNDER 24 HRS.	7. DATE OF BIRTH	I. BIRTHPLACE (State or Foreign
578036 124	1½ M 2 □ F 8Q YHS.	MONTHS DAYS HOURS MIN.	(Month, Day, Year) 8-18-09	Mary land
9a. FACILITY NAME (If not institution, gi	ve street and number)	96. CITY, TOWN OR LOCATION OF DE	EATH 9c. COUNT	Y OF DEATH
SOUTHERN MAR	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	CLINTO	N, MD PG	COUNTY
SOUTHERN MAR HESIDENCE OF DECEDENT 100. STATE 100. COU	nce George's Co	TOWN OR LOCATION  Comp Springs		10d. INSIDE CITY LIMITS? 1 PYES 2 NO
10. STREET AND NUMBER  7//0  11. MARITAL STATUS  1. Never Married  2 Married	ecrans Drive	16t. ZIP CODE	10g. CITIZE	EN OF WHAT COUNTRY?
11. MABITAL STATUS	12. WAS DECEDENT EVER IN U.S. ARMED	13. WAS DECENDENT OF HISPAI	NIC ORIGIN? (Specify Yes or No. 1	4. RACE — American Indian,
	FORCES? 1 YES 2 PAGE IF YES, GIVE WAR OR DATES	If yes, specify Cuban, Maxica		Black, White, etc. Specify: D
3 Widowed 4 Divorced	I .			Black
15. DECEDENT'S E (Specify only highest gr	rade completed) (Give kind of w	USUAL OCCUPATION rork done during most of working	16b. KIND OF BUSINESS/INDU	STRY
Elementary/Secondary (0-12)  17. FATHER'S NAME (First, Middle, Last)	College (1-4 or 5+)  Ch	ef/Cook	Restaura	ant
17, FATHER'S NAME (First, Middle, Last)	T T1	18. MOTHER'S NA	ME (First, Middle, Maiden Surname)	
Kobert	U. Johnson	EH	tie Yates	
19a. INFORMANT'S NAME (Type/Pring)		ADDRESS (Street and Number or Rural	Route Number, City or Town, State, Zip C	Code)
Theresa A.	Johnson 71101	Kosecrans Driv	e Camp Spas,	Md. 20748
20a. METHOD OF DISPOSITION 1 & Burlel 2 Cremation 3 R	20b. PLACE OF DISPOS	ITION (Name of cemetery, crematory or	20c. LOCATION CI	ty or Town, State
4 Donation 5 Other (Specify)	Christ	Nited Meth. (	hurch Agua	sce Marylani
21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	22. NAME AND ADDRESS OF FA	CILITY	
Marte	11) adams!	Adams Finer	al Hame Aqua	cca Md. 2660S
ahock, or heart failu  IMMEDIATE CAUSE (Final disease or condition resulting in death)	or complications that caused the death. Do not not cause on each line.  Due to join as a consequence of	a & Lar	th as cardlec or respiratory arrel	st, Approximate interval Batween Onset and Daath
Sequentially list conditions,	b. DUE TO (OR AS A CONSEQUENCE OF	n		
Sequentially list conditions, if any, leading to immediate couse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	e. DUE TO (OR AS A CONSEQUENCE OF	9:		
resulting in death) LAST	4			
PART II. Other algorificant condi	tions contributing to deeth but not resulting in	^	Part I. 24a. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
	ingure diraces	- A3 HD	1 TES 2 NO	OF DEATH?
E - Similes			_	1 TYES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH	HOSPITAL:	26. PLACE OF DEATH (Ch	neck only one)	
1   YE\$ 2   NO	1   Inpatient 2   ER/Outpetient 3   DOA	4 Nursing Home 6 Residence	6 Other (Specify)	
	28a. DATE OF INJURY (Month, Day, Year) 28b. TIME INJU	URY WORK?	28d. DESCRIBE HOW INJURY OCCU	JRED
2 Accident Investigation		M 1 YES 2 NO		
3 Suicide 8 Could not		treet, fectory, office	281. LOCATION (Street and Number of City or Town, State)	r Rural Route Number,
29a, CERTIFIER				
(Check only one)	HYSICIAN: To the best of my knowledge, deeth occurre			
29a. CERTIFIER (Check only one) 2 MEDICAL EXAM	MNER: On the beals of examination and/or investigation	n, in my opinion, death occured at the	time, date and place, and due to the	cause(s) and manner as stated.
296. SIGNATURE AND TITLE OF CERT	FIER	29c. LICENSE NU	MBER 29d. DATE	SIGNED (Month, Day, Year)
30, NAME AND ADDRESS OF PERSON	Mon wo	12-50	04	
30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type,	0 (1)	1	
055H 1	nos Mora 42	-35 24 9	tre M20	744
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATURE	827		

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached within 72 hours after death with the State Dest. of Health and Mental Horiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	l
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5	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fire within 72 hours after death with the State Deat, of Health and Mental Hygiene prior to burial, cremation, or removal.	E	

	FOR STATE	STATE OF I	MARYLAND A	DEPAR	RTMENT	Г OF Н	EALTH	AND I	MENTA	L HYGIEN	E		01313
_	1 - STATE REGISTRAR			ERTIF						REG. NO			
	1. DECEDENT'S NAME (First, Middle, Lest)	Morris	0.		Je	ones				1-90	NY Y	YEAR	3. TIME OF DEATH 10:35PM M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. le	st birthday)	IF UNDER	1 YEAR	IF UNDER		7. DATE	OF BIRTH	s	. BIRTNI Country	PLACE (State or Foreign
	237.90.1582	1 💢 M 2 🗆 F	34	YRS.	MONTHS	DAYS	HOURS	MIN.		31, 1		Nor	th Carolina
~	9a. FACILITY NAME (If not institution, give 3109 75th Aven	,				Land	R LOCATI	ON OF DE	ATH		9c. COUNT		eorges Co.,
6	RESIDENCE OF DECEDENT										TILLIC	.e G	eorges co.,
DIRECTOR	Maryland Pr	ince Geo:	2000		r, town		ION						10d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER	THE GO.	rges	1.1	arrido		. ZIP COD	E			10g. CITIZE	N OF W	1 YES 2 NO
FUNERAL	3109 75th Avenu	le									υ.	S.A.	
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COMPLETED	11th 17. FATHER'S NAME (First, Middle, Leat)	None		True	k Dr	lver		NER'S NA	ME (First )	Pri Middle, Maiden		Inc	lustry
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10 B	19e. INFORMANT'S NAME (Type/Print)								ber, City or Tow				
	Hamilton Funeral		7	P.0.					No	rth Ca			
	20e. METHOD OF DISPOSITION  Burtal 2 Cremation 3 Rer  4 Donation 5 Other (Specify)	noval from State	20b. PLACE other p								cation — ch Id laon		orth Carolin
	21. SIGNATURE OF FUNERAL SERVICE L	ICENSES			22.	NAME A	ND ADDRE	SS OF FA				, 110	Jan Jan Jan Jan
	+ Heary	Boss					L. K Main			uneral Elkr		Md.	21227
TION	23. PARTI . Enter the disease, or ahock, or heart failure immediate CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate	a. SUFFOC	ATION & O (OR AS A CONSE	LIGA	TURE					mac or reap	iratory arrea	15,	Approximate therval Between Onset and Death
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa reaulting in death) LAST	c. DUE TO	(OR AS A CONSE	S A CONSEQUENCE OF):									
PHYSICIAN: MEDICAL	PART II. Other algnificant condition	ona contributing to	death but not	reaulting	In the u	ndariyin	g cause	given in	Part i.	24a. WAS AN PERFOI 1XXYES 2	RMED?		WERE AUTOPSY FINDINGS AMILLABLE PRIOR TO COMPLETION OF CAUSE OF DEATN?  A XYES 2 NO
MAK	25. WAS CASE REFERRED TO MEDICAL						ACE OF E	DEATH (Ch	eck only o	ne)			
YSIC	EXAMINER?	HOSPITAL:	ER/Outpatient		1	R: rsing Hon	· XXX	esidence	8 Othe	er (Specify)			
H <sub>d</sub>	27. MANNER OF DEATH  1 Netural 5 Pending		Day, Year)		ME OF JURY M	WC	URY AT	7.00		SCRIBE NOW			
ВУ	2 Accident Investigation	28e. PLACE	29-89es	-1			YES 2	ZYNO	SUBJ	ECT 51			SUFFOCATED loute Number,
TEO	4 Nomicide 8 Could not be determined	building	etc. (Specify)							OVER I	3109 <sub>C</sub>	75tl	MARYLAND
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S S	Z X MEDICAL EXAMIN	HIR: On the besis of	nation and/or	Investigat	ion, in my	opinion, o	leath occu	red at the	time, date	end place, e	nd due to the	ceuse(e	) end menner as stated.
BE	295. SIGNATURE AND TITLE OF EMPLY	ER C	1				29c. LIC	ENSE NUI	MBER		29d. DATE	SIGNED	(Month, Day, Year)
5	36. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAU	ISE OF DEATH (IT	EM 27) (Typ		Pen			,Bal	timore			
	JAN 9 90	32. REGISTR	AR'S SIGNATURE	Randal							,		

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B	L OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	. DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	2	PE S
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31. DATE FILED (Month, Day, Year)

JAN 16

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	FOR 1 - STATE REGISTRAR	STATE OF I	MARYLAND / [ CE				EALTH DEAT		MENTA	L HYGIEN REG. NO			
,	1. DECEDENT'S NAME (First, Middle, Lest)  Dorothy Louis	se Johns	on							of DEATH D.	3, 19	YEAR 3.	7:15 A M
	4. SOCIAL SECURITY NUMBER 221 14 9095	5. SEX 1 M 2 X F	6. AGE (In yrs. leaf t	birthday) YRS.	IF UNDER	DAYS	IF UNDER	MIN.	7. DATE (Mont	of BIRTH h, Day, Vent) 2/31/2		B. BIRTHPL. Country)	ACE (State or Foreign Jersey
TOR	9a. FACILITY NAME (if not institution, give street and number)  Rt. 1 — Box 183  RESIDENCE OF DECEDENT						H11		ATH		1411111111111111	OTCES	
DIRECTOR	Maryland Word	cester		10c. CITY	s, town o								d. INSIDE CITY LIMITS?
FUNERAL	100. STREET AND NUMBER  Rt. 1 - Box 183							2186				USA	
B	11. MARITAL STATUS 1 Never Married 2 Narried 3 Divorced		IT EVER IN U.S. ARM YES 275700 WAR OR DATES			f yes, sp		ın, Maxica	n, Puerto	N7 (Specify Yea Rican, etc.)	n or No—	Specify:	American Indian, thite, atc.
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the st		(Give	e kind of v Do NOT us	usual or work done of e retired.)	during mo	ON at of worldr	ng	168	N. KINO OF BU	n Hom		
BE CON	william Methvin									Middle, Meiden e Mart			
2	190. INFORMANT'S NAME (Type/Print) Thomas J. Johns	son Jr.								ber, City or Tow			.863
	20a. METHOD OF DISPOSITION  1  Burial 2  Cremation 3  Remo 4  Donation 5  Other (Specify)	oval from State	20b. PLACE O other place Bate	(90	thoc	list	Cem	eter			ow H1		sume aryland
	21. SIGNATURE OF FUNERAL SERVICE LIC	h lan	i		22.	Den	nis l Fra	Fune	ral		w Hil	l. Md	. 21863
	23. BART I. Enter the diseases, or eahock, or heart fellure. I IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)	Liat only one car	t caused the deause on each line.								iratory arre	et,	Approximate interval Between Onset and Death
ATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING		(OR AS A CONSEOL										
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in deeth) LAST	DUE TO	(OR AS A CONSEQU	CONSEQUENCE OF):									
MEDICAL	PART II. Other eignificent condition	e contributing to	death but not re	aulting	in the un	derlyln	g ceuse	given in	Part I.	24a. WAS AN PERFO 1 YES	RMED?	0	ERE AUTOPSY FINDINGS WAILABLE PRIOR TO OMPLETION OF CAUSE F DEATH?  YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO	HOSPITAL:	☐ ER/Outpatient 3 [	□ DOA	OTHEI	3:	ACE OF D						
ву РНУ	27. MANNER OF DEATH  1 Netural 8 Pending Investigation	28a. DATE O		28b. TIM		28c. INJ WO			a 6 ☐ Other (Specify)  28d. DESCRIBE HOW INJURY OCCURED				
	3 Suicide 8 Could not be 4 Homicide detarmined	26s. PLACE ( building	OF INJURY — At horr, etc. (Specify)	ne, farm,	street, fact	lory, offic	•		281. LO	CATION (Street or Town, State	and Number	or Rural Rou	ite Number,
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYINO PHYSIC ONE) 2 MEDICAL EXAMINE												nd manner as stated.
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	V/and	= , m	٥,				ENSE NU	MBER 69	o	29d, DATE	SIGNED (A	fonth, Day, Year)

32. REGISTRAR'S SIGNATURE
Julia Davidson-Randelle

Carroll St., Salisbury

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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	IAI OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24
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	1 - FOR STATE REGISTRAR	ATE OF MARYLAN	D / DEPARTM			MENTAL	HYGIENI BEG. NO.	E :	90	01921
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE O	OF DEATH DA	Y Y	3. EAR	TIME OF DEATH
S	Dennis	James		ins Sr		1-4-	-90			8 • 2 / PM M
	4. SOCIAL SECURITY NUMBER 5. SE 220-34-6827 15		5 1 YRS. MON	THE DAYS	HOURS MIN.	7. DATE (Month)	Day, Year)	6. M	ARY:	LAND
œ	9a, FACILITY NAME (If not institution, give street and	,	9b.		R LOCATION OF OR	EATN		Princ		orges Co.
OL C	I-95 South Rt. 202,			ndover						
DIRECTOR	MARYLAND PRINCE	GEORGE'S	10c. CITY, TOWN OR LOCATION LANDOVER						1. INSIDE CITY LIMITS? YES 2 NO	
FUNERAL	100. STREET AND NUMBER 1508 BRIGHTSEAT R	ROAD #101		101.	ZIP COOE 2078	5		10g. CITIZEN	S . A	
S	40 444 701741 6747116	AS DECEOENT EVER IN U.S	S.ARMED	13. WAS OECI	NOENT OF NISPAI	NIC ORIGIN	(Specify Yes			American Indian, hita, atc.
BY		ORCES? 1 TYES 2 YES, GIVE WAR OR DATES		1 YES	city Cuban, Mexica 2 NO Specif	in, Puarto R y:	lcan, etc.)		Specify:	BLACK
TED	15, DECEDENT'S EOUCATION (Specify only highest grade comple	ted)	e. DECEDENT'S USUI (Give kind of work of life. Do NOT use reti	AL OCCUPATIO	N It of working	16b.	KIND OF BUS	INESS/INDUS	TRY	
PLE	Elementary/Secondary (0-12) Colle	ege (1-4 or 5+)	TRUCK I				ONCRI	ETE		
COMPLETED	17. FATHER'S NAME (First, Middle, Last) DENNIS J. JENKIN	TC.			16. MOTHER'S NA			Surname)		
H	19a. INFORMANT'S NAME (Type/Print)	NS .	19b. MAILINO ADD	RESS (Street a	WILLA			. Stata Zio Co	de)	
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	20a. METNOD OF DISPOSITION XXBurial 2 Cremation 3   Nemoval In	Som State 20b. PL	ACE OF DISPOSITION RMONY M	N (Name of cen	etery, crematory or	17		CATION — City		
	21. SIGNATURE OF PUMERAY SERVICE LICENSEE		ARMON1 P	22 ROLA	AL PAR	NERA	L HON	ME. I	NC.	ARYLAND
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	ahock, or heart tunus. Liet of iMMEDIATE CAUSE (Final disease or condition resulting in death)	Multiple in	njuries							Interval Between Onset and Death
ATION	Sequentially list conditions, if any, leading to immediate cause, Enter UNDERLYING	DUE TO (OR AS A CO	ONSEQUENCE OF):							
CERTIFICATION	CAUSE (Disease or injury that initieted events resulting in death) LAST	DUE TO (OR AS A CO	ONSEQUENCE OF):							
	PART II. Other algnificant conditions con	tributing to death but	not resulting in th	ne underlying	ceuse given in	Part I.	24a. WAS AN	AUTOPSY	24b. WI	RE AUTOPSY FINDINGS
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SIC!		SPITAL:	OT 1 004 4 5	THER:	ACE OF OEATN (C)					
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BY	1 Netural 8 Pending XXXXccident Investigation	1-4-90	7.24P	M 1 🗆 1	ES 2XXX	Ped	estria	n stru	ick t	y multiple
		28e. PLACE OF INJURY	At home, farm, atree		N.	Z8t. LOC	ATION (Street a or Town, State) 5 S R	the 202	Rural Rout	Number, Autos undover, Princ
8	3 Suicide 8 Could not be 4 Homicide determined	building, etc. (Specify)	Roa	a		1 1 7.				
PLETED	4 Homicide determined	building, etc. (Specify)	Roa		and place, and due	· Gea	cees C	ount v	Mar	yland
OMPLETED	4 Homicide determined	To the best of my knowledge	Roa	t the time, date		· Gea	CRES C	ounty	Mar	yland
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BE COMPLETE	29a. CERTIFIER 1 CERTIFYINO PNYSICIAN: (Check only one) X X X X MARENCAL EXAMINER: On 29h, SIGNATURE AND TITLE OF GERTIFIER  30. NAME AND ADDRESS OF ALL ON WHO COM MARIO F. GOLLE, JR  31. DATE FILED (Month, Day, Year)	To the best of my knowledge the bests of examination and the property of the best of examination and the best of examination and the best of examination and the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the b	Roa ge, death occurred at nd/or investigation, in	t the time, date	aeth occured at the 29c, LICENSE NU	e to The Cou e time, dete	and place, an	ad due to the co	Mar (8000(8) 80 (1600 (M 5-90	ryland nd manner as stated.

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within an oral state death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the 28 before a pulling the prior to burial, cremation, or removal.

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	1. DECEDENT'S NAME (First, Middle, Lest) Edna Vir	ginia Ja	ckson	- 00.					2. DATE OF DEATH DO 1		3. TIME OF DEAT 990 4:20	гн Р і
			. AGE (In yrs. les	t birthday)	IF UNDER	1 YEAR	IF UNDE	R 24 HRS.	7. DATE OF BIRTH		BIRTHPLACE (State or Fo	oreign
	220 JO 1140A	□ M 2 🂢 F	M 2   F 97 YRS. MONTHS DAYS HOURS MIN.				(Month, Day, Year) 4-15-1892	Md.				
OR	9a. FACILITY NAME (If not inetitation, give stree Reeders Memorial						sbor(	ON OF DE	EATH	111111111111111111111111111111111111111	ington	
DIRECTOR	10a. STATE 10b. COUNTY  Md. Wash	ington		10c. CIT	Y, TOWH (			stor	m		10d. INSIDE CITY LIMITS? 1 X YES 2	
FUNERAL	100. STREET AND NUMBER 400-B Park	Place				101	zip cod	£740	)		N OF WHAT COUNTRY?	
BY FUN	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced	2. WAS DECEDENT FORCES? 1 F IF YES, GIVE WAI	YES 2X			It yes, sp	ecify Cubi	OF HISPAP an, Maxica Specifi	NIC ORIOIN? (Specify Yea in, Puarto Rican, atc.) y:	or No- 14	Black, White, atc.  Specify: Black	
COMPLETED			/G	CEDENT'S ive kind of a Do NOT us	work done se retired.)	during mo	est of worki	ing	18b. KIND OF BU	SINESS/INDUS	ВТЯУ	
	Secondary  17. FATHER'S NAME (First, Middle, Last)  George Hamil	ton Kir	ng	HOM	ie m	ake	18. MOT		ME (First, Middle, Maiden Virgina		aman	
IO BE	19a. INFORMANT'S NAME (Type/Print)  Martha V. Holl		19				nd Numbe	r or Rural	Route Number, City or Tow agerstown	n, State, Zip C	ode)	
	20g METHOD OF DISPOSITION 1 A Burlat 2 Cremation 3 Remove		20b. PLACE other pl	OF DISPOS	SITION (No		metery, cre	matory or	20c, LO	CATION — CI	21740 y or Town, State	- 1
	21. SIGNATURE OF FUNERAL SERVICE LICEN	SEE PANEX		Ros	22. W 8	atso	ND ADDRE	ete:	CILITY	24 W	own.Md. Bethel	St.
	23. PART I. Enter the diseases, or con ahock, or heart failure. List IMMEDIATE CAUSE (Final disease or condition resulting in death)	Cench	caused the dee on each line	vlan	not anter						it, Approxim Interval B Onset and	Setwee
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	Dem DUE TO (C Ay)	DR AS A CONSE	OUENCE O	//zhec Fi:	maj	top				Franch.	ags
7	PART II. Other algnificant conditions	contributing to d	eath but not	reaulting	In the u	nderlyln	g cause	given in	Part I. 24s. WAS AN PERFOI	RMED?	24b. WERE AUTOPSY F AMAILABLE PRIOR COMPLETION OF OF DEATH?	OT F
N: ME									_		1   YES 2	NO
PHYSICIAN: MEDIC		OSPITAL:	ER/Outpatient 3	DOA	OTHE:	R:			8 Other (Specify)			
BY PHY	27. MANNER OF DEATH  1 Netural 8 Pending 2 Accident Investigation	28a. DATE OF II (Month, Day		28b. TIM	IE OF JURY M	WC	JURY AT DRK? YES 2	_ NO	28d. DESCRIBE HOW	NJURY OCCU	RED	
COMPLETED	3 Suicide 8 Could not be detarmined	28e. PLACE OF building, et	INJURY — At ho ic. (Specify)	ome, farm,	street, fac	tory, offic	ia .		281. LOCATION (Street City or Town, State)		Rural Route Number,	
_									L			

P. O. BOX 246 KEEDYSVILLE

MD 21756

AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

JAN 04 90

31. REGISTOAR'S SIGNATURE Fiche Lawydon-Mandell

OHMH-16 Rev 1/89

FOR

DIVISION OF VITAL RECORDS, P.O. BOX 13146,  TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Amount after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit to the filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to removal.
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	- REGISTRAR CERTIFICAT	E OF DEATH	REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)		2. DATE OF DEATH MONTH DAY	3. TIME OF OEATH			
ì	Samuel G. Jobe		Jan. 4	]990 ]:54 P.M.			
	300-07-1850 1 ☑ M 2 ☐ F 69 YRS. MONTHS		7. DATE OF BIRTH (Month, Day, Year)	BIRTHPLACE (State or Foreign Country)     Ohio			
DIRECTOR	90. FACILITY NAME (if not institution, give street and number)  Collingswood Nursing Center Residence of Decement	y, town or location of be		1020   Ohio			
DIRE	Maryland Montgomery Rockvi			10d. INSIDE CITY LIMITS?  1 YES 2 X NO			
FUNERAL	343 Howard Ave.	101. ZIP CODE 20850		U.S.A.			
BY	11. MARITAL STATUS  1 Never Married 2 Married  3 Wildowed 4 Divorced  12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES	WAS DECENDENT OF HISPAI If yes, specify Cuben, Mexics 1 YES 2 NO Specify	n, Puerto Rican, etc.)	io— 14. RACE — American Indian, Black, White, etc. Specify: White			
COMPLETED	16. DECEDENT'S EQUICATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5+)  12  16a. DECEDENT'S USUAL ( (Give kind of work done life. Do NOT use refered.)  Plant Eng	during most of working )	Retail St				
<u>N</u>	17. FATHER'S NAME (First, Middle, Last)		ME (First, Middle, Melden Surna				
BE C	Samuel Jobe	August	a Eiterman				
10 8	19s. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRES	SS (Street and Number or Rural					
F		nsoNnRd. Upp		MD_@0772			
	20a. METHOD OF DISPOSITION  1 No Burlel 2 Cremetion 3 Removal from State  20b. PLACE OF DISPOSITION (A other place)	Name of cemetery, crematory or	20c. LOCATIO	ON — City or Town, State			
	4 Donetton 8 Other (Specify) Masonic M	emorial Park	West U	nion, WEst Virgini			
		cobert E. Wil	L . 1 T	4308 Suitland, Rd. Suitland, Md. 2074			
ATION	IMMEDIATE CAUSE (Final disease or condition resulting in death)  a. Suddon Cordiago DUE TO (OR AS A CONSEQUENCE OF):  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	e death (	presumed gryth y Disco	onest and Death Minutes 18e years			
CERTIFICATION	CAUSE (Disease or trijury that initiated events resulting in death) LAST						
MEDICAL	PART It. Other eignificant conditions contributing to death but not resulting in the conditions of the contribution of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of t	underlying cause given in	Part t. 24e. WAS AN AUT PERFORMED 1 VES 2	O? AMAILABLE PRIOR TO COMPLETION OF CAUSE			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTH						
	27. MANNER OF DEATH  28a. DATE OF INJURY (Month, Dey, Year)  1 Netural 8 Pending	28c. INJURY AT WORK?  1 YES 2 NO	8 Other (Specify) 28d, DESCRIBE HOW INJUI	RY OCCURED			
TED BY	2 Accident Investigation 3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, fa	actory, office	281. LOCATION (Street and I City or Town, State)	Number or Rural Route Number,			
COMPLET	29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the one) 2 MEDICAL EXAMINED On the basis of examination and/or investigation, in my			Annual Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the			
TO BE C	200/ SIGNATURE AND TITLE OF CONTIFIENT	29c. LICENSE NU	138 29	od. DATE SIGNEO (Month, Day, Year)			
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (1996, Print)	19511 D	octors D	rive Germantan			
	JAN 10 90 Julia Davidson-Amdelle			1110			

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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E HOSPITAL	E FUNERAL	4 within 72	RTANT: If
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

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RE AUTOPSY FINDINGS ILABLE PRIOR TO MPLETION OF CAUSE DEATH?  YES 2 NO
Number,
d manner as stated.
nth, Day. Year)
d

Ick Jarboe, M.D.

REGISTRAR'S SIGNATURE

Julia Davidson-Randelle

Leonardtown, Md. 20650

Patrick

190

31. DATE FILED (Month, Day, Year)

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2.7 mours after death. Page 6 m	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

	REGISTRAR  1. DECEDENT'S NAME (First, Middle, Last)	Sall	REALINICA RAILINI	42/11/1	2. DATE OF O	EG. NO.	3. THE OF DEATH
4	a 11 - 70 to Ail	- 11 00	To MONT	NDER 1 YEAR OF UNDER 24 HRI	Alfanth Day		BIRTNPLACE (State or Foreig
1	61005/5/7	m 2XF 8 C	YRS.	CITY, TOWN OR LOCATION OF	1-1	9c. COUNTY	Md
тон	41 CATHPAPA	11 St,		NNAPOL	15	1	,A,
DIRECTOR	10a. STATE 10b. COUNTY	A.	A SII	VA DOL	15		10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	100. STREET AND NUMBER	IrAL	5+	101. ZIP CODE	01	10g. CITIZEN	OF WHAT COUNTRY?
BY FUN	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced	2. WAS DECEDENT EVER IN U.9 FORCES? 1 VES 2 IF YES, GIVE WAR OR DATES	NO	13. WAS DECENDENT OF NIS If yes, specify Cuben, Mei 1 YES 2 NO Sp			RACE — American Indian, Bleck, Wolfa, etc. Specify
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E COMPLET	17. FROMER'S NAME (First, Middle, Lost)	N Sell	MA	16. MOYNER'S	NAME (First, Middle	, Msiden Sumame)	
TO B	19 HEORMANT'S NAME (Type/Pring)	Sprides	196. MAILING ADDR	RESS (Street and Number of Ru	ral Route Number, Co	ty of Town, State, Zip Co	20019
	20a, METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Remove 4 Donation 5 Other (Specify)	B	CE OF DISPOSITION	Name of cometery, cremetory	or L	HNNAD	or Town, State
	COAPLES E	Hicks.	TIT	22. NAME AND ADDRESS OF	PS + D	CRIFIH	A. Md
	23. PART I. Enter the diseases, or con shock, or heert fallure. Lis IMMEDIATE CAUSE (Final	nplications that caused the st only one cause on each		nfer the mode of dying, a	nuch an cardiac	or reapliratory arrest	Approximata Interval Batw Onset and D
	disease or condition resulting in desth)	DUE TO (OR AS A CO)	cleration	i varei	elor o	diseas	2 year
ICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	Chronic (	rinar	tract	injec	tion	oneyea
ERTIFI	that initiated events resulting in death) LAST	incortenent	Le sec	ondary +	o che	ho vascu	los accid
0	PART II. Other aignificant conditions of	contributing to death but n	ot resulting in the	a underlying cause given		WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDS AMILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?
DICAL							
Z.							1 TES 2 NO
SICIAN: ME		HOSPITAL:		26. PLACE OF DEATH		mo Mei	
PHYSICIAN: ME	EXAMINER?  1 VES 2 NO  1.  27. MANNER OF DEATH  1 Netural 5 Pending	IOSPITAL:   Inpatient 2   ER/Outpatier   28a. DATE OF INJURY (Month, Day, Year)		HER: Nursing Home 5 Resident 28c. INJURY AT WORK?	ce 8 Other (Sp	ecity) HE NOW INJURY OCCUP	1 TES 2 NO
ED BY PHYSICIAN: ME	EXAMINER?  1 X YES 2 NO  27. MANNER OF DEATH	□ Inpatient 2 □ ER/Outpatier  28a. DATE OF INJURY	28b. TIME OF INJURY	MER: Nursing Home 5 Residen 26c. INJURY AT WORK? 1 YES 2 NO	28d. DESCRIE	N (Street and Number or	1 TES 2 NO
ETED BY PHYSICIAN: ME	EXAMINER?  1 YES 2 NO  1 MANNER OF DEATH  1 Netural 5 Pending Investigation  2 Accident Investigation  3 Suicide 8 Could not be datermined  29a. CERTIFIER (Check only)	Inpetient 2   ER/Outpetier	28b. TIME OF INJURY At home, ferm, street,	MER: Nursing Home 5 Residen 28c. INJURY AT WORK? 1 YES 2 NO factory, office	28d. DESCRIE 28d. DESCRIE 28d. LOCATIO City or 70 due to the cause(a)	N (Street and Number or wn, State)	1   YES 2   NO
ED BY PHYSICIAN: ME	EXAMINER?  1 YES 2 NO  1 MANNER OF DEATH  1 Netural 5 Pending Investigation  2 Accident Investigation  3 Suicide 8 Could not be datermined  29a. CERTIFIER (Check only)	Inpatient 2   ER/Outpatier	28b. TIME OF INJURY At home, ferm, street,	MER: Nursing Home 5 Residen 28c. INJURY AT WORK? 1 YES 2 NO factory, office	28d. DESCRIE  28d. DESCRIE  28f. LOCATIO  City or To  due to the cause(a	IE NOW INJURY OCCUP  N (Street and Number or vn, State)  and manner as stated. place, and due to the c	1   YES 2   NO

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BALTIMORE, MARYLAND 21203-3146	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	the medical evaminer must be notified at once
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	IR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the ibe filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPRETANT: If them 28 is marked or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once
	TO THE HOSPITAL	TO THE FUNERAL be filed within 72 h	IMPORTANT: If I

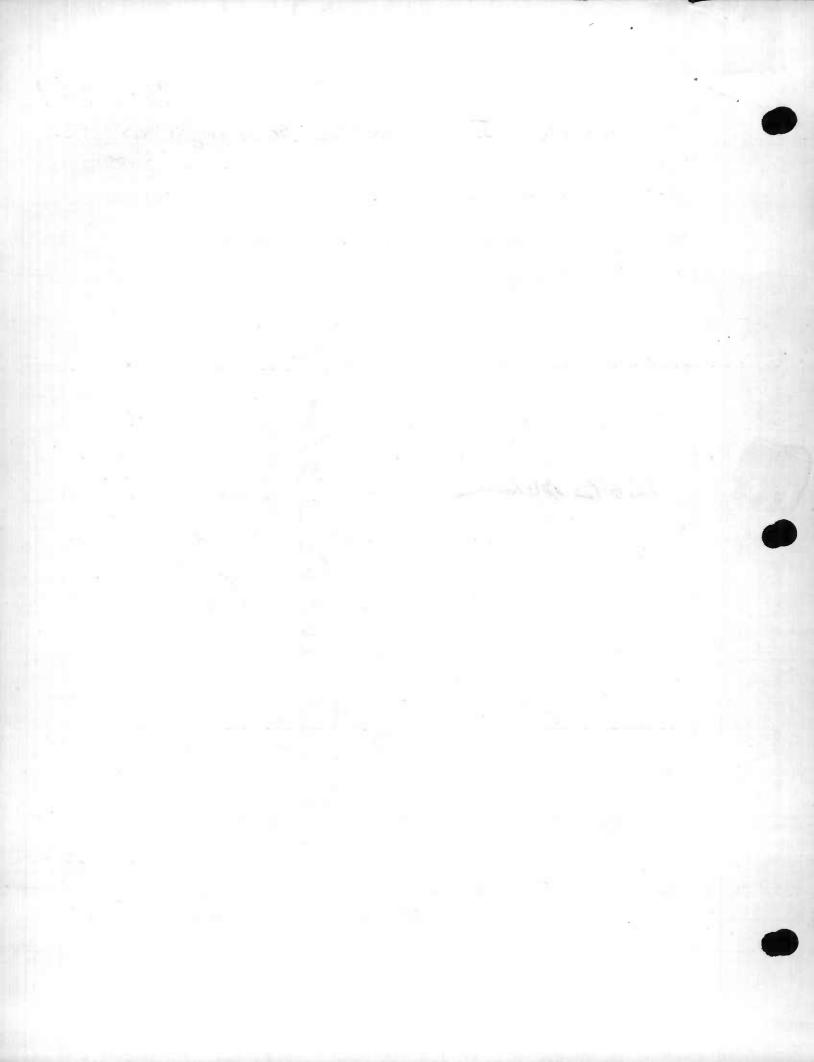
	1. DECEDENT'S NAME (First, Middle, Last)	a HEO E	John	15000	Jr.		2. DATE OF DE	ATN DAY	CYEAR	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 213-01-5531	6. SEX	6. AGE (In yrs. les	Page 1	IF UNDER 1 YEAR		7. DATE OF BIR (Month, Day, 12-10	Year)	Coun	HPLACE (State or Foreign	
TOR	96. FACILITY NAME (If not institution, give street and number) PENINSULA GENERAL HOSPITAL RESIDENCE OF DECEDENT					SALISBURY, MARYLAND			9c. COUNTY OF DEATH WICOMICO		
DIRECTOR	10e. STATE 10b. COUNT				TOWN OR LO	CATION				10d. INSIDE CITY LIMITS?	
	Del. Suss	sex		Sea	aford					1 XYES 2 NO	
FUNERAL	100. STREET AND NUMBER 802 E. IVY Dr					101. ZIP CODE 19973		1	SA	WNAT COUNTRY?	
8	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2 1	MED NO	If yes,	ECENDENT OF HISPA specify Cuben, Mexica ES 2 NO Specif	in, Puerto Ricen, i		Blac	E — American Indian, k, Whita, etc.	
TED	15. DECEDENT'S EDI (Specify only highest gred	UCATION le completed)	/G	ive kind of wo	ISUAL OCCUPI ork done during	TION most of working	16b. KIND	OF BUSINESS/IN	DUSTRY		
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5 a	.)	Do NOT use			Dun	ont Co			
NO.	17. FATHER'S NAME (First, Middle, Last)	-	- 00	3C1 V.	1301	18 MOTHER'S NA	ME (First, Middle,		•		
б ш	Charles E. Jo	hnson				Annie		,			
0	19a. INFORMANT'S NAME (Type/Print)		19	b. MAILING /	ADDRESS (Stre	at and Number or Rural			ip Code)	-	
10	Bettie Jane Ho		14	403 A	Arbuti	us Dr.,	Salisb	ury, M	d. a	21801	
	20a. METHOD OF DISPOSITION 1 Burlet Cripmion 3 Ref 4 Donaton Specify)	noval from State	20b, PLACE	OF DISPOSI	TION /Name of	comotory, cromatory or emetery	1	Salisb	- City or To	own, State	
	21. SIGNATURE OF THE RAL SERVICE L	ICENSEE	21101	2	22. NAME	AND ADDRESS OF FA					
	Suma	(10	runc	8	Bound	ds Funer	al Hom	e, Sal	isbu	ary, Md.	
	23. PART I. Enter the diseases, or abook, or heart failure IMMEDIATE CAUSE (Final disease or condition resulting in death)	a	(OR AS A CONSE	).	R	Espirato			rest,	Approximate interval Between Onset and Death	
ATION	Sequentially list conditions, If any, leading to immediata cause. Enter UNDERLYING										
CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO	(OR AS A CONSE	QUENCE OF)	3						
MEDICAL	PART II. Other algorificant condition Reval feel Abd answer	urz, Rh						MAS AN AUTOPSY SERFORMED? YES 2 NO	241	D. WERE AUTOPSY FINDINGS ANAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO	
AN	25. WAS CASE REFERRED TO MEDICAL				28	PLACE OF DEATH (C)	neck only one)				
S	EXAMINER?	HOSPITAL:	ER/Outpatient 3		OTHER:	ome 6 - Residence		M -3			
BY PHYSICIAN	27. MANNER OF DEATH  1 Netural 5 Pending	28e. DATE OF (Month, D	INJURY	28b. TIME	OF 28c.	INJURY AT WORK?		NOW INJURY O	CCURED		
	2 Accident Investigation 3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)  28e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)								Route Number,		
COMPLETED	anal					ate and place, and du				e) and manner se stated.	
BE	296. SIGNATURE AND TITLE OF CEPTIFU	ER Q				DZGG			TE SIGNE	(Month, Day, Year)	
10	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE	O 1			1D 218C	١.				
16	31. DATE SHED (Months Dry Year)	102 REGISTRA	R'S SIGNATURE		-11-						

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours at 10 THE FUNERAL DIRECTIOR. After this certificate has been signed by the attending physician and completely filled in by the be fled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remover the part of them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical

	1. OECEDENT'S NAME (First, Middle, Last)	-		RTIF	T	· OF	LA	-	2. DATE	REG. NO		YEAR	3. TIME OF DEATH
	WAITE	R J.			701	NUS	ON,	Sr	T			90	2135
	4. SOCIAL SECURITY NUMBER	1	AGE (In yrs. lest		IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE (	Day, Year)		8, BIRTHP Country)	LACE (State or Foreign
	216-48-5035	1 M 2 - F	77	YRS.					Jan	. 23	1918	V:	irginia
_	Se. FACILITY NAME (If not institution, give				9b. CITY	TOWN O	R LOCATIO	ON OF DE	EATH		9c. COUNT	TY OF DE	ATH
DIRECTOR	PENINSULA GENERA	L HOSPITAL			SAI	LISB	URY				WIC	OMIC	0
5	RESIDENCE OF DECEDENT  10e. STATE 10b. COUNTY				Y. TOWN C	O LOCAT	ION						10d, INSIDE CITY
							1011						LIMITS?
- 1	Maryland Some	erset		L Wes	stov		ZIP CODI				Tan array		IAT COUNTRY?
Y	111111111111111111111111111111111111111					101.					10g. CITIZ		
FUNERAL	Route #1, Box :	L O A	VED BY IT & ADI	MED	10.1	WAS DEC	-	1871		? (Specity Ye	arana ka	USA	
n d	1 Never Married 2 Married  3 Myldowed 4 Divorced	YES 2 X			f yes, spe		n, Mexica	n, Puarto R		or No-	Specify	- American Indian, White, atc. :	
3	16. DECEDENT'S EON				USUAL O				18b.	KIND OF BU	SINESS/INDU		
II I	(Specify only highest gred Elementary/Secondary (0-12)	College (1-4 or 8 +)	llfa.	Do NOT u	work done ( se retired.)	aunng mo:	III OF WORKE	<b>1</b> 0					
COMPL	5		Aut	o Re	CVC	le i	Mech	nani	c	Auto	mobi	les	
5	17. FATHER'S NAME (First, Middle, Last)									fiddle, Malden			
u	Edward Johns	son					Be	essi	e Sr	pence			
	19a. INFORMANT'S NAME (Type/Print)		196	. MAILING	ADDRESS	(Street a					n, State, Zip (	Code)	
2	Sandra L. Hick	cman	R	oute	# ]	, B	ox 1	118.	Pod	comok	e, Mo	a.	21851
	20s. METHOD OF DISPOSITION		20b. PLACE	OF DISPO						The same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the sa	CATION - C		
	1X Burial 2 ☐ Cremation 3 ☐ Rer 4 ☐ Donation 5 ☐ Other (Specify)	noval from State	Sale		tho	die	+ Ce	ma+	erv	Po	como	ka	Мд
	21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE	T DUITE.	110			D ADDRE			1 10	COMO	I.C.	ria.
	Watson & Melson Funeral Home												
	P.O.Box 64, Pocomoke, Md. 21851  23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, Approximate												
2	shock, or heert failure. Liet only one ceuse on each line.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):												
CENTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST												
MEDICAL	PART II. Other significant condition	Carl	eath but not n	esulting	In the ur	ndertylng //	cause	given in	Part I.	24s. WAS AI PERFO 1 YES	RMED?		WERE AUTOPSY FINDIN MAILABLE PRIOR TO COMPLETION OF CAUS DF DEATH?  1 YES 2 NO.
SICIAIN.	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	R/Outpetlerst 3	DOM	OTHE	₹:			eck only on				
	27. MANNER OF DEATH	28e. DATE OF IN	JURY	28b, Tik	E OF	28c. INJ	URY AT	Jaruel IC#	Y		INJURY OCC	URED	
	1 Netural 5 Pending	(Month, Day,	Year)	IN	JURY	WO	RK?	NO					
E LED DI	2 Accident Investigation 3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State) 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State)							oute Number,					
	0001	SICIAN: To the best of m											and manner as state
	296. SIGNATURE AND TITLE OF CENTIFE	EN 2	2				29c. UC	ENGE NU	мося		29d. DATE	SIGNED (	Month, Day, Year)
0	Jehn S	a of	rar	_			7	0	202	0	1	1/2	9/90
2	10 hand and address of Person W	Gani	OF BEATH STEE	ear of	, Prost)		Sal	150	ley	m	P	6	06-41
2	31. DATE FILED (Month, Day, Year) FFR 0 1	32. REGISTRAR	,	. 5	and or				0				

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache	be filed within 72 hours after death with the State Dept. of Health and Memal Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Hem 28 is marked, or Hem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	FOR 1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM			PENTAL HYGIEN				
	1. DECEDENT'S NAME (First, Middle, Last)	Jones				2. DATE OF DEATH DOWNTH D	AY 1990	IR .	ME OF DEATH	
	215-05-43501	□M2XF	77 YRS. 4		HOURS MIN.	7. DATE OF BIRTH (Month, Dey, Year) 8. BIRTHPLACE (State or Foreign Country) Maryland				
CTOR	9a. FACILITY NAME (If not institution, give street  Carrell County  RESIDENCE OF DECEDENT	ATH .	Carrell							
DIRE	//14-	rroll	Supe	WN OR LOCAT	le			-	INSIDE CITY LIMITS? YES 2 NO	
VERAL	100. STREET AND NUMBER 7309 Second	ave.		101	21784	_	10g. CITIZEN	S.		
BY FUNERAL DIRECTOR	11. MARITAL STATUS 1 Never Merried 2. Married 3 Wildowed 4 Divorced	E. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	If yes, spi	ENDENT OF HISPANIC polity Cuben, Maxican. 24 NO Specify:			IACE — Ar Black, White Specify:	white	
COMPLETED	1.0	opleted) College (1-4 or 5+)	(Give kind of work in the Do NOT use ret	done during mo ired.)	N at of working	18b. KIND OF BU	SINESS/INDUSTF	TY .		
	12 years 17. FATHER'S NAME (First, Middle, Leel) John Peter Br	none	House	wire		ME (First, Middle, Malden		W		
TO BE	19a INFORMANT'S NAME (Type/Print)  Margaret Hamby		and the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of th		nd Number or Rural Ad	oute Number, City or Tow	n, State, Zip Code	)	08330	
	20a. METHOD OF DISPOSITION  1 K Burlel 2 Cremetton 3 Removel  4 Donatton 5 Other (Specify)	from Stata	PLACE OF DISPOSITIO	N (Name of cen	netery, cremetory or	20c. LO	CATION — City of	or Town, St	late	
	21. SIGNATURE OF FUNERAL SERVICE LICEN		ne Grove	22. NAME AN	rier Fu				2.	
	23. PART I. Enter the diseases, or comshock, or heart failure. List IMMEDIATE CAUSE (Final disease or condition resulting in death)	RESPIR	ATORY A	entar tha mo	da of dylng, such	ss cardiac or resp	Iratory arreat,		Approximata Interval Batween Onset and Death	
CERTIFICATION	Sequentially list conditions, it any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST									
MEDICAL	PART II. Other algniticant conditions of Polymy algrain	Rheumath		na undertylng	g cause given in F	Part I. 24e. WAS AMPERFOI	AMED?	COMI OF D	E AUTOPSY FINDINGS ABLE PRIOR TO PLETION OF CAUSE EATH? YES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	QSPITAL:			ACE OF DEATH (Chec	ok only one)			HIM	
HYSI	1 YES 2 NO 11	Propositions 2 ER/Outpo			e 8 Residence 6	Other (Specify)	INJURY OCCURE	0		
В	1 Netural 5 Pending 2 Accident Investigation 3 Suicide 8 Could not be	(Month, Dey, Year) N AT 28e. PLACE OF INJURY	INJURY	M 1 .	RK? 'ES 2 NO	28f. LOCATION (Street			Vumber	
COMPLETED	4 Homicide determined	building, etc. (Speci	(y)			City or Town, State,	)			
OMPL	(Check only one) 2 MEDICAL EXAMINER: C	N: To the beat of my knowledge to the basis of examination						ree(a) and	manner as stated.	
H		lun in m	5		29c. LICENSE NUM	00	29d, DATE S	13 9	0	
TO	30. NAME AND ADDRESS OF PERSON WHO C		TH (ITEM 27) (Typo, Print)	TINE	TON RA.	WEST	DINSTE	or in	2 21157	
	31. DATE FILED (Month, Day, Your) 16 '9	32. REGISTRAR'S BIGNA	Davidson Ro	ndelle					DHMH-18 Rev 1/89	



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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a thous after death. Page 6 ma	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, has been after death with the Charle Park of Mariah Montal Montal Anthrine or removal	the life water it from some death of them 23 shows any injury, or other traumatic event, the medical examiner must
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEOENT'S NAME (First, Middle, Last) 2. DATE OF DEATH DAY 3. TIME OF DEATH YEAR Theodore Jackson headon 12. 1990 Jan. 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS. 1 🔯 M 2 🗌 F 58 10-12-31 214-28-9478 Maryland Sa. FACILITY NAME (If not institution, give atreet and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c, COUNTY OF DEATH Shady Grove Adventist Hospital Rockville Montgomery DIRECTOR RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c CITY TOWN OR LOCATION 10d. INSIDE CITY Maryland Montgomery Rockville 1 X YES 2 NO 10e. STREET AND NUMBER FUNERAL 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 502 Mt. Vernon Place, #3 20850 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-If yes, specify Cuban, Maxican, Puerto Rican, alc.) 14. RACE — American Indian, Black, White, alc. 1 Never Married 2 X Married 1 YES 2 NO Specify: Specify: Black BY 3 Widowed 4 Divorced Korean War 60 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEOENT'S EDUCATION (Specify only highest grade complete 166. KIND OF BUSINESS/INDUSTRY E Elementary/Secondary (0-12) College (1-4 or 5+) COMPL 1 Messenger 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Smith R. Jackson Sarah Logan BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 502 Mt. Vernon Pl., #3, Rockville, MD 20850 Marie D. Jackson (wife) 20e METHOD OF DISPOSITION
1 Sourial 2 Cremation 3 Removal from State
4 Donation 6 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or 20c. LOCATION -- City or Town, State Gate of Heaven Cemetery Silver Spring, MD AT. SIGNATURE OF FUNERAL SERVICE LICENSE 22, NAME AND ADDRESS OF FACILITY Snowden Funeral Home, P.A. ockville, MD 20850 23. PART I. Enter the diseases, or complications that coused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart fellure. List only one cause on each line. Intervel Between IMMEDIATE CAUSE (Final **Onset and Death** disease or condition ears arcmoma resulting in death) DUE TO (OR AS A CONSEQUENCE OF): PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING DUE TO (OR AS A CONSEQUENCE OF): CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a, WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? mestastistis 1 TYES 2 LINO 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 25. PLACE OF DEATH (Check only one) HOSPITAL:
1| | Inpetiant 2 | ER/Outpetiant 3 | DOA OTHER: 1 YES 2 NO 4 - Nursing Home 5 - Residence 6 - Other (Specify) 27. MANNER OF DEATH 28a, DATE OF INJURY (Month, Day, Year) 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED 20b. TIME OF 1 Natural 5 Pending COMPLETED BY 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, atc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, Stete) 3 Sulcide 8 Could not be 4 Homicide determined 29a. CERTIFIER
//Check only

1 \_\_\_\_CERTIFYINO PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year) 29c. LICENSE NUMBER 00/10 MD 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

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32. REGISTRAR'S SIGNATURE

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31. DATE FILED (Month, Day, Year)

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OF VI	PHYSICIAN:
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	HE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 in
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	1. DECEDENT'S NAME (First, Middle, Las	" Rut	4	Vnizu	Vies	2. DATE OF DE	DAY	YEAR		
	4. SOCIAL SECURITY NUMBER	5. SEX 8. A	GE (In yrs. last birthday)		IF UNDER 24 HRS.	7. DATE OF BIR	09 TTH	90 8. BIR	THPLACE (State or For	
-	142-18-0337		9/2 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, 01 - 2.5	Year)	Cou	rvland	
	90. FACILITY NAME (If not institution, give			96. CITY, TOWN	OR LOCATION OF DI	1		OUNTY OF		
DIRECTOR	PENINSULA GENERAL HOSPITAL SALISBURY WICOMICO									
닯	RESIDENCE OF DECEDENT									
5		comico		Allen					LIMITS?	
	10a. STREET AND NUMBER	LEGUITEO			. ZIP CODE		10g. C	CITIZEN OF	F WHAT COUNTRY?	
FUNERAL	P.O. Box 26				21810			II.	S.	
5	11. MARITAL STATUS	12. WAS DECEDENT EVE		13. WAS DEC	ENDENT OF HISPAI	NC ORIGIN? (Spe	cify Yee or No-	- 14. RA	CE American India	
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	15, DECEDENT'S EI	DUCATION	16a, DECEDENT'S	B USUAL OCCUPATION	ON	18b. KIND	OF BUSINESS/	INDUSTRY	White	
	(Specify only highest gra Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of life. Do NOT u	work done during me	ost of worlding	100.11.10	0. 500			
7	12	1	Mana	ger			Count:	ry C	lub	
COMPLETED	17. FATHER'S NAME (First, Middle, Lest)				18. MOTHER'S NA			- 1		
ш	Josiah Polli	itt			Marg	eret H	ayman			
TO B	19a. INFORMANT'S NAME (Type/Print)				and Number or Rural					
-	Ruth Keeler				Alle					
	20a. METHOD OF DISPOSITION 1 Burlet 2 Cremetton 3 M Re	emoval from State	20b. PLACE OF DISPO other place)				20c. LOCATION			
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	D		emeter		Dayt	on.	New Jer	
	Dr -01	. ,		Hir	man Fu	neral				
	Marin Del		M00294		incess .				1853	
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	HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 noun	FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in

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examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
s funeral director, page 5 should be detached for use as the burlal-tran	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-tran
death. Page 6 may be retained by the hospital or attending physician.	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.

	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTMI CERTIFICA	ENT OF H	EALTH AND I	MENTAL HYGIEN REG. NO		
- 1	1. DECEOENT'S NAME (First, Middle, Last)		<del></del>			2. DATE OF OEATH MONTH D	AY YE	3. TIME OF DEATH
i.	Ho	ward Joel k	Kohn				4. 1990	
	4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE (		NDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8. B	MRTHPLACE (State or Foreign
	215-38-2503	1 M 2 D F	48 YRS. MONT	HS DAYS	HOURS MIN,			shington, DC
	9a. FACILITY NAME (If not institution, give a	treet and number)		CITY, TOWN C	R LOCATION OF DE		9c. COUNTY	
R	220 Quaint Acres	Drive	S	ilver	Spring		Montg	romerv
5	RESIDENCE OF DECEDENT						1	
HE	10a. STATE 10b. COUNT		10c. CITY, TO					10d. INSIDE CITY LIMITS?
9		tgomery	Silve	r Spr			T	1 YES 2 NO
FUNERAL DIRECTOR	10e, STREET AND NUMBER			101	. ZIP CODE	20%		OF WHAT COUNTRY?
핃	220 Quaint Acres				209			ed States
5	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEOENT EVER IF FORCES? 1 TYES	2 NO	If yes, sp	ecify Cuban, Mexica	IIC ORIGIN? (Specify Yearn, Puarto Rican, etc.)	ı or No 14. I	RACE — American Indian, Black, White, atc.
BY	3 Widowed 4 Divorced	IF YES, GIVE WAR OR D	ATES	1 TYES	2 NO Specify	r:		SpecMy: White
	15. DECEOENT'S EOU	CATION	16a. DECEDENT'S USU/	L OCCUPATION	DN .	16b, KIND OF BU	SINESS/INDUST	
	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of work of life, Do NOT use retir	lone during mo ed.)	st of working			
7	Environment proceedings (u-12)	4	Consultant	/ Art	rist.	Advert	ising C	Company
COMPLETED	17. FATHER'S NAME (First, Middle, Lest)		oonbar ban b	/ 111		ME (First, Middle, Maiden		
C	Sidney Leopold 1	Kohn			Esther	Gerber		
BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AOO	RESS (Street a	nd Number or Rural I	Route Number, City or Tow	n, State, Zip Cod	(e)
2	Deborah Falk Koh	า	220 Quai	nt Acı	res Drive	e, Silver	Spring.	MD 20904
	20a. METHOD OF DISPOSITION 1    Burlet 2    Cremation 3    Ram	20t	. PLACE OF DISPOSITION other place)	Name of cer	netery, crematory or		CATION - City	
	4 Donation 5 Other (Specify)	Ki	ng David M	emoria	al Garder	ns Fali	ls Chur	ch, Virginia
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE			O ADDRESS OF FA	CILITY		
	· Eleen &	V. Rapp	)	нарр I 933 G:	uneral S Ist Avenu	Services, ue, Silver	Spring	, MD 20910
1	23. PART I. Enter the diseases, or shock, or heart fellure	complications that caused List only one cause on e		nter tha mo	da of dying, auci	h aa cardiac or resp	iratory arreat,	Approximate interval Between
	IMMEDIATE CAUSE (Final	1	1		00			Onset and Death
	disease or condition resulting in death)	· ARdio	swenk	Truj	FAILU	20		1 wk
	5-201-401 9901	POE TO (OR AS	CONSEQUENCE OF):	01				24
Z	Sequentially list conditions,	a lances	2 0/	llen	9			121425
CERTIFICATION	If any, isoding to immediate couse. Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE OF):	.4	1			
5	CAUSE (Disessa or Injury	cDUF TO (OR AS /	A CONSEQUENCE OF):		/			
Ē	that initiated events resulting in death) LAST		,					}
CEI		d						
CAL	PART II. Other algnificent condition	ne contributing to death b	out not reaulting in th	e underfyln	g ceuse given in	Part I. 24a. WAS AN		24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO
						1 YES :		COMPLETION OF CAUSE DF DEATH?
MEI								1 _ YES 2 _ NO
ż								
SIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			ACE OF DEATH (Ch	eck only one)		
Si	1 - YES 2 - 10	1   Inpetient 2   ER/Out	patient 3 DOA 4	HER: Numbing Hom	e 5 D Residence	6 Cher (Specify)		
PHYSICIAN: MEDI	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	26b. TIME OF INJURY		URY AT PRIC?	28d. DEŞCRIBE HOW	INJURY OCCURE	ED
BY	1 Natural 5 Pending 2 Accident Investigation				YES 2 NO			
	3 Suicide 6 Could not be	26a, PLACE OF INJURY building, etc. (Spe	f — At home, farm, street city)	, factory, offic	•	28t. LOCATION (Street City or Town, State		Rurel Route Number,
	4 Homicide determined							
COMPLETED	Crisck Orny	SICIAN: To the best of my know	rledge, death occurred at	the time, data	and place, and dua	to the cause(a) and me	inner as stated.	
0	one) 2 MEDICAL EXAMIN	ER: On the basis of examinating	and/or investigation, in	my opinion, o	leath occured at the	time, data and placa, a	nd due to the ca	use(a) and menner as stated.
	296. SUBJUSTURE AND TITLE OF CONTIFIE		1		29c, LICENSE NUI	MBER	/	GNED (Month, Day, Year)
3 BE	surge VI a	Einery	1		D00417		1/-	14-90
2	30. NAME AND ADDRESS OF PERSON WI	The second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second secon					-	
	George S. Banning	g, Jr., M. D.	, 5806 Bal	timore	e avenue,	, Hyattsvi	lle, MD	20781
	31. DATE FILED (Month, Day, Year)	32. AEGISTRAB'S SIGN	Handell .					

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5140,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 in	one were received a proposition of the security and the best decides the standard by the standard of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the secur
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OCIAL SECURITY NUMBER  15-44-6815  FACILITY NAME (If not institution, give site. 405 and Muristic of December 1996, COUNT)	1 M 2 F	6. AGE (In yrs. In	st birthday)	KIMBLE IF UNDER 1 YEAR	S IV	1-11-90			:48AM M
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	INFORMANT'S NAME (TyperPrint)  LYNN L KIMD  METHOD OF DISPOSITION  Burlel 2 Cremation 3 Rem  Donation 5 Other (Specify)  SIGNATURE OF FUNERAL SERVICE LIC  PART I. Enter the diseases, Dr. of the shock, or heart fellure.  MEDIATE CAUSE (Finel lease or condition suiting in death)  quentielly list conditions, any, leading to immediate use. Enter UNDERLYING  UNES (Disease or injury at initiated events suiting in death) LAST  RT II. Other algnificant condition  WAS CASE REFERRED TO MEDICAL  EXAMINER?  LINATURE  WAS CASE REFERRED TO MEDICAL  EXAMINER?  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Kimbles.  Willaim J. Kimbles.  INFORMANT'S NAME (Type/Print)  Lynn L. Kimbles.  METHOD OF DISPOSITION Burlet 2 Cremation 3 Removal from State Donation 5 Other (Specify)  SIGNATURE OF FUNERAL SERVICE LICENSEE  PART I. Enter the diseases, pr compile clions that shock, or heart fellure. List only one cause makes or condition suiting in death)  Quentially list conditions, any, leading to immediate use. Enter UNDERLYING USE (Disease or injury at initiated events suiting in death) LAST  RT II. Other significant conditions contributing to the suiting in death)  WAS CASE REFERRED TO MEDICAL  EXAMINER?  MANNER OF DEATH  WAS CASE REFERRED TO MEDICAL  EXAMINER?  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KIMBLES TIT  INFORMANT'S NAME (*Pipe*Print*)  LYNN L. KIMBLES Rt. 1 BOX  METHOD OF DISPOSITION   20b. PLACE OF DISPOSITION (*Name of or other piece)   Church Hill Ce  SIGNATURE OF FUNERAL SERVICE LICENSEE   22. NAME /  PART I. Enter the diseases, or complications that caused the deeth. Do not anter the m shock, or heart fellure. List only one cause on each line.  MEDIATE CAUSE (Finel sease or condition withing in death)   DUE TO (OR AS A CONSEQUENCE OF):  Quentielly list conditions, any, leading to immediate use. Enter UNDERLYING USE (Disease or injury it inhilated events withing in death) LAST  BT II. 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Rt. 1 B	Willaim J, Kimbles, III  Windows In American Company Manager (Prost, Micolin, Last)  Winginia Morris  Rt. 1 Box 10.2, Centreville, MD 2  Lynn J, Kimbles  Rt. 1 Box 10.2, Centreville, MD 2  Lynn J, Kimbles  Rt. 1 Box 10.2, Centreville, MD 2  Lynn J, Kimbles  Rt. 1 Box 10.2, Centreville, MD 2  Lynn J, Kimbles  Rt. 1 Box 10.2, Centreville, MD 2  Lonation of Disposition  Both (Special)  SIGNATURE OF PURPOSATION  PART I. Enter the diseases, or compligations that caused the deeth. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heart februre. List offly one cause on each line.  MEDIATE CAUSE (Finel sease or onlitting in death)  DUE TO (OR AS A CONSEQUENCE OF):  Use TO (OR AS A CONSEQUENCE OF):  Use TO (OR AS A CONSEQUENCE OF):  Use TO (OR AS A CONSEQUENCE OF):  Use TO (OR AS A CONSEQUENCE OF):  Use TO (OR AS A CONSEQUENCE OF):  Use TO (OR AS A CONSEQUENCE OF):  Use TO (OR AS A CONSEQUENCE OF):  Use TO (OR AS A CONSEQUENCE OF):  Use TO (OR AS A CONSEQUENCE OF):  Use TO (OR AS A CONSEQUENCE OF):  Use TO (OR AS A CONSEQUENCE OF):  Use TO (OR AS A CONSEQUENCE OF):  Use TO (OR AS A CONSEQUENCE OF):  Use TO (OR AS A CONSEQUENCE OF):  Use TO (OR AS A CONSEQUENCE OF):  Use TO (OR AS A CONSEQUENCE OF):  Use TO (OR AS A CONSEQUENCE OF):  Use Character (Incomplete to the United States of the United States of the United States of the United States of the United States of the United States of the United States of the United States of the United States of the United States of the United States of the United States of the United States of the United States of the United States of the United States of the United States of the United States of the United States of the United States of the United States of the United States of the United States of the United States of the United States of the United States of the United States of the United States of the United States of the United States of the United States of the United States of the United States of the United States of the United States of the Uni

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. — Jours after death. Page 6 may be retained by the lospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit to filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic eve

STATE 0	F MARYLAND	/ DEPARTMENT	OF HEALTH	AND MEN	TAL HYGIENE
	C	ERTIFICATE	OF DEAT	H	REG. NO.

1 - FOR STATE REGISTRAR	STATE OF MARY		MENT OF HEALTH AND	MENTAL HYGIEN	-	
1. DECEDENT'S NAME (First, Middle, Las James	Hyden Knigh	nt Jr.		2. DATE OF DEATH MONTH D	AY 1990 YEAR	3. TIME OF DEATH 10:07 A.M.
4. SOCIAL SECURITY NUMBER  212-20-6891  96. FACILITY NAME (If not institution, given	1 X M 2 🗆 F	64 YRS. MC	F UNDER 1 YEAR IF UNDER 24 HRS. ONTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 08/16/2	5 Ba	ltimore MD
Memorial Ho		,	Easton	DEATH	Talbot	DEATH
nesidence of decedent 100. STATE 100. COUNTY Maryland An	ne Arundel	10c. CITY, 1	OWN OR LOCATION Arnold			10d. INSIDE CITY LIMITS? 1 YES 2 NO
10e. STREET AND NUMBER			101. ZIP CODE			WHAT COUNTRY?
841 Clifton  11. MARITAL STATUS  1 Never Merried 2 M Merried  3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 1 YES	2 NO	21012  13. WAS DECENDENT OF HISP If yes, specify Cuben, Mexit  1 YES 2 NO Specific Cuben, Mexit	cen, Puerto Rican, atc.)	e or No- 14. RAI Ble	C. A.  CE - American Indian, ck, White, atc.  White
15. DECEDENT'S El (Specify only highest gra Elementary/Secondary (0-12)	DUCATION ade completed) Coffege (1-4 or 5+)	Ilfe. Do NOT use n	k done during most of working etired.)		SINESS/INDUSTRY	
12 17. FATHER'S NAME (First, Middle, Lest)		Traffic	Division a	t Marylan		Roads
James Hyden	Knight, Si			ly Philli		
19e. INFORMANT'S NAME (Type/Print)		19b. MAILING AS	OORESS (Street and Number or Rura	Floute Number, City or Tox	vn, State, Zip Code)	
Wayne R. Kn		1809 C	hurch Hill ON (Name of cometery, cremetory o	Lane, Che		
1 Donetton 5 Other (Specify)	emoval from State	other place)	ematory, Inc	2 11 2 2 2 2 2	onsvil	
21. SIGNATURE OF FUNERAL SERVICE			Tom Helfen	FACILITY	ral Hom	nes, P.A.
Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated avents resulting in deeth) LAST	DUE TO (OR AS	A CONSEQUENCE OF):  A CONSEQUENCE OF):	Corman	diote O	disea	Onest and Bee 5 huice
PART II. Other eignificant conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Con	one contributing to death  you and  Naulan a	- 7	the underlying cause given i	Part I. 24a. WAS AF PERFO	RMED?	No. WERE AUTOPSY FINDING MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. PLACE OF DEATH (	Check only one)		
1 TYES 2X NO	HOSPITAL: 1   Inpatient 2 X ER/Ou	tpetient 3 DOA 4	THER:  Nursing Home 5 Residence	6 □ Other (Specify)		
27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)			28d. DESCRIBE HOW	INJURY OCCURED	
3 Suicide 6 Could not b	building, etc. (So	RY At home, ferm, streecify)	et, factory, office	26f. LOCATION (Street City or Town, State	end Number or Rura )	/ Route Number,
			at the time, date end place, and d in my opinion, death occured at ti			e(e) and manner as stated.
290 SIGNATURE AND TITLE OF CERTIF	9	ulu	290-UCENSE N			(Month, Day, Year)
30. NAME AND ADDRESS OF PERSON Peter F. Verk	WHO COMPLETED CAUSE OF D	DEATH (ITEM 27) (Type, Pr	int		-	

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JR AT	MREC	E
TAL	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use a fauld market 20 hours after death with the State Bent of Health and Mental Molette prior to build. cremation, or removal.	IMPORTANT: If I liem 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
OSPI	UNER	ANT
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TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nouns after death. Page 6 may be retained by the hospital or attention	22	IMP

STATE	0F	MARYLAND	/ DEF	PARTMENT	OF	HEALTH	AND	MENTAL	HYGIENE
		C	ERT	<b>IFICATE</b>	0	F DEAT	H		REG. NO.

	FOR 1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTI			MENTAL HYGIEN	E	
	1. DECEOENT'S NAME (First, Middle, Leet) Phylli's	Alberta	Kahn			2. DATE OF DEATH	90 YE	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 215-01-4798	1 □ M 2 € F		F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH 03/04/18		HRTHPLACE (Store or Foreign
TOR	98. FACILITY NAME (If not institution, give s Anne Arundel Med			Annapo	R LOCATION OF DE	ATN	Anne Anne	or DEATH Arundel
FUNERAL DIRECTOR		Arundel	1ºSETVe	irma" ipai	78			10d. INSIDE CITY LIMITS? 1 YES 2 NO
ERAL	100 623 HOLLYwood Ro	oad		101	ZIP CODE 2114	46	10g. OTIZEN	OF WHAT COUNTRY?
ВУ	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	If yes, spi		IIC ORIGIN? (Specify Yearn, Puerto Rican, etc.)		RACE — American Indian, Black, White, etc. Specification
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		16e. DECEDENT'S US (Give kind of wo life. Do NOT use Clerk	SUAL OCCUPATION rk done during mo- retired.)	ON at of working	Balt. (		electric
BE CON	17. FATHER'S NAME (First, Middle, Last) Arthur White					ME (First, Middle, Maiden La Branscor		
TO B	Mrs. Elaine Ort			nfield I		Severna		MD 21146
	20e. METNOD OF DISPOSITION 1 Burlel 2 Cremation 3 Rem 4 Denation 5 Other (Specify)	oval from State	PLACE OF DISPOSIT	natory	netery, cremetory or ID ADDRESS OF FA	Balt:	cation — chy imore itchie	
	· Notel-	3	/	Barrano	co Funera	al Home Sev	verna I	Park MD 21146
	23. PART I. Enter the disease, or ahock, pr heart failure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)	Chronica.	ch line.			y Disea		Approximate interval Batween Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	CONSEQUENCE OF):					
PHYSICIAN: MEDICAL CI	PART II. Other algorificant condition  Conserto  Produmo	in Heart	Tailing in		g cause given in	Part I. 24e. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2  NO
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO	HOSPITAL:		OTHER:	ACE OF DEATH (C)			
ву рну	27. MANNER OF CEATH  1 Natural 8 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 28c. INJ	URY AT PRK? YES 2 NO	6 Other (Specify)  28d. DESCRIBE HOW I	NJURY OCCUR	ED
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, atc. (Spec	— At home, ferm, at	reet, factory, offic	•	28f. LOCATION (Street City or Town, State)	end Number or	Surel Route Number,
BE COMPLETED	one)	ICIAN: To the best of my knowledge: On the best of examination				time, date end place, ar	nd due to the c	euse(e) end menner ee stated.
5	James M. Cham	GO COMPLETED CAUSE OF DE	ATN (ITEM 27) (Type, 1 269 Penins	rula 720	m Rd	Arnold A	10 21	0/2
	31. DATE FILED (Month, Day, Year)  JAN 2 3 199		ATURE Pandoll		•			

TO BE COMPLETED BY FUNER	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
cal examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
novaí.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
y the funeral director, page 5 should be detached for use as the burial-transit	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit
after death. Page 6 may be retained by the hospital or attending physician.	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within as now site death. Page 6 may be retained by the hospital or attending physician.
BALTIMORE, MARYLAND 21203-3146	DIVISION OF VITAL RECORDS, P.O. BOX 13146,

13	I. DECEDENT'S NAME (First,				CERTIF	IOAIL	. 01	DEA		2. DATE OF I	EG. NO		YEAR	3. TIME OF DEA	TN
K	KAPANOSKE, M	ARGARI	ET ANN							01	10		990	3:35	PW
- 21	4. SOCIAL SECURITY NUMB	ER	5. SEX	6. AGE (In yrs.	last birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDE	R 24 HRS.	7. DATE OF E (Month, De 09-28	y, Year)		Count	NPLACE (State or F try) CHIGAN	oreign
	De. FACILITY NAME (If not in				147	96. CITY		OR LOCAT	ION OF D		25		UNTY OF E		
	AMI DRS HO	SPITAL	OF PG C	OUNTY		TIMI	I IVAI.I				_	LIVII	VCE C	SEORGE 3	
all a	MD	ST. M	ARY'S			CHAN			Ξ					10d. INSIDE CIT LIMITS? 1 YES 2	
	100. STREET AND NUMBER 1351 HILLS DRIVE						101. ZIP CODE 10g. CI			10g. CI1	U.S.A.				
	11. MARITAL STATUS    Never Married 2 X  3 Widowed 4 Divo		12. WAS DECEDEN FORCES? 1 IF YES, GIVE W WORLD	AR OR DATES	ARMED NO	1.3	If yes, sp	ecity Cub		NIC ORIGIN? (S an, Puerto Ricar ly:		or No	Spec	E — American Ind ck, White, etc. city:	tan,
		EDENT'S EDU		16a.	DECEDENT'S	USUAL O	CCUPATIO	ON of of work	ina	16b, KIN	D OF BU	SINESS/IN			
	Elementary/Secondary (0 10TH GRADE	- 1	College (1-4 or 8 d	-)	HOUSE	ise retired.)		at or work	ng .	Н	OME				
	JOHN O. GL	. ,						7.5		AME (First, Middle)  MUELI		Sumame)			
	GEORGE J. K		KE JR							Route Number, C					
1	20a. METHOD OF DISPOSITI	ON n 3 🗆 Rem		other	CE OF DISPO	SITION (No	me of cer	metery, cre	metory or		20c, LO	CATION -	- City or To	own, State	
3	nichas	L SERVICE LIC	ENSEE	liner	)	22. MA	NAME AI	O ADDRI	ss of fa C-GAI	CILITY	FUNI	ERAL	HOME	E, P.A.	

Sequentially list conditions, if any, isading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST

IMMEDIATE CAUSE (Finel

disease or condition resulting in death)

Metastatic Disease Liver and Lungs DUE TO (OR AS A CONSEQUENCE OF):

averyoung of DUE TO (OR AS A CONSEQUENCE OF):

OUE TO (OR AS A CONSEQUENCE OF):

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. Carahoma

Brags

24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 - YES 2 NO

10

1 YES 2 NO

**Onset and Death** 

10 month

8mai

25. WAS CASE REFERRED TO MEDICAL EXAMINER?

1 YES 2 NO 27. MANNER OF DEATH 1 Natural
2 Accident
3 Suicide

8 Pending investigation

6 Could not be

HOSPITAL:
1 X Inpetient 2 ER/Outpetient 3 DOA 28a. DATE OF INJURY (Month, Day, (bar) 28b. TIME OF INJURY

26. PLACE OF DEATH (Check only one) OTHER:
4 | Nursing Home 5 | Residence 6 | Other (Specify) 28c, INJURY AT WORK?
1 YES 2 NO

28d. DESCRIBE HOW INJURY OCCURED NIA

28e. PLACE OF INJURY -- At home, building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State)

(Check only	1 1	CERTIFYING PHYSICIAL	N: To the best of m	ly knowledge, d	leath occurred at	the time,	data and place,	and due to the	ceuse(a) and m	enner as stated.
one)	2 [	MEDICAL EXAMINER: 0	on the basis of axa	mination and/or	investigation, in	my opinio	n, death occurs	d at the time,	date and place, a	ind due to the c

29c. LICENSE NUMBER 29d. DATE SPGNED (Month, Day, Year)

D189 90 ATEL m. 7203 A 30. NAME AND ADDRESS OF PERSON HAHOVER GREEN B. PATEL MD BAKULESH

2 '90

4 Nomicide 29e. CERTIFIER

32. REGISTRAR'S SIGNATURE AND STATE OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PRO



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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within
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	1 - STATE REGISTRAR	STATE OF MARYLAI		T OF HEALTH AND	MENTAL	HYGIENE REG. NO.			
	1. DECEDENT'S NAME (First, Micdis, Last	e Hiram K	ittle.		2. DATE O	01 002	3. TIME GEDEATH		
1	327-28-9936  90. EACILITY NAME (If not institution, give	1 1 M 2 D F 9	YRS. MONTHS	ER 1 YEAR   IF UNDER 24 HRS.   DAYS   HOURS   MIN.	IG /	Doy, Year) 95 U	BIRTHPLACE (State or Foreign Country)  ST VIVGINI  OF DEATH		
ECTOR	COLTON VILLA NI	sq center	L	agerstown		Was			
DIA	,	shington	Hagers				10d. INSIDE CITY LIMITS? 1 1 YES 2 NO		
FUNERAL	Public Squar	е		21740			USA		
BY	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN L FORCES? 1 X YES IF YES, GIVE WAR OR DATE	2 NO	I. WAS DECENDENT OF HISP/ If yea, specify Cuban, Mexic 1 YES 2 XNO Spec	an, Puerto Ri		. RACE — American Indian, Black, White, etc. Specify: White		
PLETED	15. DECEDENT'S EL (Specify only highest gra Elementary/Secondary (0-12)		IGE. DECEOENT'S USUAL. (Give kind of work don life. Do NOT use retired.  ASSEMB	e during most of working )	16b.	KIND OF BUSINESS/INDUS	TRY		
E COMPL	17. FATHER'S NAME (First, Middle, Last)				AME (First, Mi	iddle, Maiden Surname)			
TO B	100. INFORMANT'S NAME (Type/Print) Richard A.Kittle			ss (Street and Number or Rura Artizan St.			ode)		
	20e. METHOD OF DISPOSITION 1 (X Burlal 2   Cramation 3   Re 4   Donation 5   Other (Specify)	20b. F	PLACE OF DISPOSITION (	Verne of cometery, cremetory or morial Park		20c. LOCATION Cit	y or Town, State		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY OSBORNE FUNERAL HOME P.O. Box # 348 Williamsport, MD 21.795								
RTIFICATION	23. PART I. Enter the diseases, o shock, or heert feiture immediate cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	a. IS Che	CONSEQUENCE OF):	our Dise			t, Approximate Interval Betwo Onset and D		
: MEDICAL CE	PART II. Other algorificent conditi	ona contributing to death but	t not resulting in the	underlying cause given i		24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO	24b. WERE AUTOPSY FIND MAILABLE PRIOR TO COMPLETION OF CAU OF DEATH? 1 YES 2 NO		
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL:	tient 3 DOA 4 DN	26. PLACE OF DEATH (CER: ursing Home 5  Residence		<u> </u>			
BY PHY	27. MANNER OF DEATH  1 Netural 6 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day; Year)	28b. TIME OF INJURY M	28c. INJURY AT WORK?  1 YES 2 NO		CRIBE HOW INJURY OCCUI	RED		
ETED B	3 Suicide 6 Could not b	28e. PLACE OF INJURY -	- At home, farm, street, fr	ectory, office	281, LOCA City o	TION (Street and Number or r Town, State)	Rural Route Number,		
COMPLE	one)	YSICIAN; To the best of my knowled NER: On the basis of examination							
TO BE C	296. SIGNATURE AND TITLE OF CERTIF	nae fu		29c. LICENSE N	UMBER S7	29d. DATE	3/90		
ĭ	30. NAME AND ADDRESS OF PERSON I	WHO COMPLETED CAUSE OF DEAT	TH (ITEM 27) (Type, Print)	OAK HIL	W	E HAGEL	STOWN-W		
	31. DATE FILE JAN "O"4"90	32. REGISTRAN'S PIGNAT	Son Anders						

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NDING PHYSICIAN	R. After this certificat	is marked, or item
TTENDING PHYSICIAN	CTOR: After this certificat	28 is marked, or iten
OR ATTENDING PHYSICIAN	DIRECTOR: After this certificat	tem 28 is marked, or item
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SPITAL OR ATTENDING PHYSICIAN	INERAL DIRECTOR: After this certificat	WIT: If Item 28 is marked, or item
E HOSPITAL OR ATTENDING PHYSICIAN	E FUNERAL DIRECTOR: After this certificat	d wronn 72 nouns after beauth with the States RTANT: If Item 28 is marked, or Item
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached the formal physician and completely filled in by the funeral director, page 5 should be detached the formal physician and completely filled in by the funeral director, page 5 should be detached the formal physician and completely filled in by the funeral director, page 5 should be detached the formal physician and completely filled in by the funeral director, page 5 should be detached the formal physician and completely filled in by the funeral director, page 5 should be detached the formal physician and completely filled in by the funeral director, page 5 should be detached to the formal physician and completely filled in the funeral director, page 5 should be detached to the formal physician and the formal physician and the funeral director and the formal physician and the funeral director and the formal physician and the funeral physician and the funeral physician and the funeral physician and the funeral physician and the funeral physician and the funeral physician and the funeral physician and the funeral physician and the funeral physician and the funeral physician and the funeral physician and the funeral physician and the funeral physician and the funeral physician and the funeral physician and the funeral physician and the funeral physician and the funeral physician and the funeral physician and the funeral physician and the funeral physician and the funeral physician and the funeral physician and the funeral physician and the funeral physician and the funeral physician and the funeral physician and the funeral physician and the funeral physician and the funeral physician and the funeral physician and the funeral physician and the funeral physician and the funeral physician and the funeral physician and the funeral physician and the funeral physician and the funeral physician and the funeral physician and the funeral physician and the fun	De med within 72 hours after death with the State Dept. Of negative and heart and house, we have to remove.  IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE OF MARY	LAND / DEPARTMENT OF HEALTH AN CERTIFICATE OF DEATH	ID MENTAL HYGIENE REG. NO.	20 0123
	1. DECEDENT'S NAME (First, Middle, Last) KANE		2. DATE OF DEATH 05 90 MONTH OIL DAY	YEAR 3. TIME OF DEATH : 30
	218-69-2494 10 M2 XF 8	(In yrs. lest birthday)  YRS.    F UNDER 1 YEAR   IF UNDER 24 H MONTHS DAYS HOURS M	(Month Day Mont	Country)
TOR R	9a. FACILITY NAME (If not institution, give alrest and number)  RESIDENCE OF DECEDENT	Gen Hisa. Camb	: 100	y of DEATH
DIRECTOR	10a. STATE 10b. COUNTY Welly and Driche Jer	10c. CITY, TOWN OR LOCATION	e Woolford	10d. INSIDE CITY LIMITS? 1 - YES 2 NO
FUNERAL	100. STREET AND NUMBER R+ 16 POX 134	Herry Mera 216	10g. CITIZE	N OF WHAT COUNTRY?
В	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVER FORCES? 1 YES	2 NO If yes, specify Caban, M	ISPANIC DRIGIN? (Specify Yea or No— 10 axican, Puerto Rican, atc.) Specify:	6. RACE — American Indian, Black, Whita, atc. Specify:
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elamentary/Secondary (0-12)  College (1-4 or 5+)	16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)	16b. KINO OF BUSINESS/INDUS	STRY
	17. FATHER'S NAME (First, Middle, Lest)	Railesc 18. MOTNER	S NAME (First, Middle, Maiden Surname)	R 1/24
TO BE	190. INFORMANT'S NAME (Type/Print) Bailes	19b. MAJKING ADDRESS (Street and Number or F	Purel Route Number, City or Town, State, 26 C	ode)
	20a. METNOD OF DISPOSITION 1	Db. PLACE OF DISPOSITION (Name of comotory, cremator other place)	yor 20c. LOCATION CH	ty or Town, Stata
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	22. NAME AND ADDRESS O	OF FACILITY	lason e
	23. PART I. Enter the diseases, or complications that cause ahock, or heert fellure. List only one cause on IMMEDIATE CAUSE (Final disease or condition resulting in death)  23. PART I. Enter the disease, or complications that cause ahours and cause or cause on the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the	ed the death. Do not enter the mode of dying, each line. oscileratic Cardiovascul Leso he Clerctio Vus A CONSEQUENCE OF):	ar Disease culeu Dise	Approximate Interval Between Onset and Death
CERTIFICATION	rany, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	A CONSEQUENCE OF):  A CONSEQUENCE OF):		
7	PART II. Other algnificent conditions contributing to death	but not resulting in the underlying cause give	PERFORMED?	24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE
PHYSICIAN: MEDIC			1 TYES 2 NO	OF DEATH?
SIA	25. WAS CASE REFERRED TO MEDICAL	26. PLACE OF DEAT	N (Check only one)	
Sic	EXAMINER?  1 YES 2 NO  HOSPITAL: 1 Inpetient 2 ER/Ou	tpatient 3 DOA 4 Nursing Home 5 Reside	ence 6 - Other (Specify)	
ВУ РН	27. MANNER OF DEATH  1 Netural 6 Pending 2 Accident Investigation	INJURY WORK?	28d. DESCRIBE HOW INJURY OCCU	RED
		tY — At home, farm, street, factory, office ecity)	281. LOCATION (Street and Number of City or Town, State)	r Rural Route Number,
COMPLETED		wiedge, death occurred at the time, data and place, and ion and/or investigation, in my opinion, death occured a		
TO BE C	20th Signature and title of certifier Vinodrai Mehta, M.D.	Attending MD	E NUMBER 29d. DATE	SIGNED (Month, Day, Year)
-	Vinodrai Mehta, M.D. 400	PEATH (ITEM 2η (Τρρο, Print) Aurora Street Cambr	idge, Maryland 21	613
	31. DATE FILED (Month, DPJAN 12'9) 32. REGISTRAR'S AG	ha Davidson-Randall		

Na	HOSPITAL DR	FUNERAL DIRI	within 72 hour
	TO THE	置	Flad
20	)-	+	1

STATE OF MARYLAND / DEPART	TMENT OF HEALTH AND	MENTAL HYGIENE
CERTIFI	CATE OF DEATH	REG. NO.

FOR STATE REGISTRAR			C		TOATE	OF DEATH		REG. NO.			
1. DECEDENT'S NAME (First Mary	t, Middle, Last)	Brad	ley		Lambe	ert	2. DATE MONT			YEAR 90	3. TIME OF DEATH 01: 00 A
4. SOCIAL SECURITY NUM		5. SEX	6. AGE (In yrs. i	last birthday)	IF UNDER 1 YE		(Mont	OF BIRTH h, Day, Year)		8, BIRTH Countr	IPLACE (State or Foreign
578-22-5152		1 □ M 2 💢 F	66	YRS.	MONTHS DA	HOOMS MIN.	July	16, 1	L923		yland
9a. FACILITY NAME (# not in						WN OR LOCATION OF	DEATH		9c. COU	NTY OF D	EATH
Frederick		rial Hosp	ital		Fr	rederick		Fr	Frederick		
RESIDENCE OF DEC	10b. COUNT	Υ		10c, CI	TY. TOWN OR L	OCATION				10d. INSIDE CITY	
Maryland	Frede	erick			Monrov	via.				LIMITS?	
10e. STREET AND NUMBER			101. ZIP CODE				DE 10g. CITIZ				WHAT COUNTRY?
11795 Blue	Bonne	et Court				21770	)			II. S	. A .
11. MARITAL STATUS		12. WAS DECEDEN			13. WAS	WAS DECENDENT OF HISPANIC ORIGIN? (Spec			? (Specify Yes or No- 14. RACE -		E — American Indian.
	Never Merried 2 Merried FORCES?  IF YES, GIVE  15. DECEDENT'S EDUCATION (Specify only highest grade completed)			WWTT  168. DECEDENT'S USUAL OCCUPY						an, etc.) Black, W Specify:	
										USTRY	
Elementary/Secondary (I		College (1-4 or 6 +	(Give kind of work done during life. Do NQT use retired.)			ne during most of working d.)		110222007000000000000000000000000000000			
		1		Bank	Manage	er		E	Banki	ng	
17. FATHER'S NAME (First, A	Aiddle, Last)					16. MOTHER'S	IAME (First,	Middle, Melden	Sumeme)		
Geral	.d	н.		Warth	nen	Mary		s.			Bradley
19a. INFORMANT'S NAME (	Type/Print)			19b. MAILIN	G ADDRESS (St	reet and Number or Run	I Route Num	ber, City or Town	n, State, Zip	Code)	
Patricia L	. Gurs	sky		14303	Rich	Branch Dr	ive,	N. Pot	comac	, MD	20878
20e. METHOD OF DISPOSIT	TION	nouni from State	20b. PLAC			of cometery, crematory o			CATION —		and the second second
4 Donation 5 DOther	r (Specify)	TOVAL TOTAL STATE				natorium,					aryland
21. SIGNATURE OF FUNERA			22 NAM	E AND ADDRESS OF	FACILITY		_				
23. PART I. Enter the dahock, or h IMMEDIATE CAUSE (Fideease or condition resulting in death)	neart fallure.	ESOPH	ise on eech II IACEAL	no. VAI	not enter the	ME AND ADDRESS OF POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION OF THE POPULATION O	ich aa cer	diec or respi			Approximate Interval Batw
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RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY			city, town						10	d. INSIDE CITY
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17. FATHER'S NAME (First, Middle, Last)  Lloyd H. Sloci	um				18. MOTHER'S N	AME (First, Mi				
19e. INFORMANT'S NAME (Type/Print)		196, MA	ILING ADDRES	SS (Street a	nd Number or Rural	Route Numbe	r, City or Tov	rn, State, Zip (	Code)	
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21. SIGNATURE OF FURTHER SERVICE LI	Taylo	,			or Fun Glouce					1401 s.MD
Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST	bDUE TO (OR	AS A CONSEQUEN	ICE OF):		ort.					
PART II. Other algolificant condition	d	ith but not resul	ting in the u	underlyln	g cause given i			RMED?	AN	ERE AUTOPSY FINDING AILABLE PRIOR TO DIMPLETION OF CAUSE
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2 Accident Investigation 3 Suicide 6 Could not be determined	26e. PLACE OF IN building, etc.	JURY — At home, ( (Specify)	farm, street, fa	ectory, offic	•	281, LOCA City o	TION (Street Town, State	and Number (	or Rural Rou	le Number,
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290. SIGNATURE AND TITLE OF CHITTIFIE	James	eun			D 2	19259		29d, DATE	CS (M	nth. Day, Year)
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30. NAME AND ADDRESS OF PERSON NO. Thomas Harrie 31. DATE FRED (Month, Day, War)		104 F		s St	reet,	Annar	olis	, MD	214	01

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OR	••. FACILITY NAME (If not institution, give st CARRIAGE HILL-BE				9b. CITY		these				9c. COUN	nty of DE	ATH
FUNERAL DIRECTOR	RESIDENCE OF DECEDENT  100. STATE  10b. COUNTY  MD  Mont	gomery			y, town								INSIDE CITY LIMITS?  YES 2 NO
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2	Carolyn C. Lenz			ь макіно Same					Route Number	City or Town	o, State, Zip	Code)	
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	21. SIONATURE OF FUNERAL SERVICE LIC	0.	Joseph Gawler's Sons, Inc. 5130 WI Ave. NW Wash, DC 20016						016				
	23. PART I. Enter the diseases, or o	complications that co	oused the di	sath. Do									Approximate
CERTIFICATION	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST	DUE TO (OF	M.C. A A CONSE	OUENCE O	PF):	syn	hom	_					Onset and Death  2+ Years
: MEDICAL C	PART II. Other significant condition	s contributing to de		resulting	in the u	nderlyln	g cause g	jiven in		4e. WAS AN PERFOR	MED?		WERE AUTOPSY FINDINGS WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
	25. WAS CASE REFERRED TO MEDICAL					26. PI	ACE OF D	EATH (Ch	eck only one)		_	_	
Sic	EXAMINER?  1 YES 2 NO	HOSPITAL:	R/Outpatient	3 🗆 DOA	OTHE		e 6 🗆 Re	sidence	# Other (	Specify)			
Y PHYSICIAN	27. MANNER OF DEATH  1 Natural 8 Pending Investigation	26e. DATE OF IN. (Month, Day)		28b. TIR	ME OF JURY M	WC	URY AT PRK? YES 2	NO	28d. DESC	Bd. DESCRIBE HOW INJURY OCCURED			
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-	30. NAME AND ADDRESS OF PERSON WHE	FMAN M	1. D.	-		VEEN	MEX	100	AVE.	N.W.	WA	SHAVE	ray D.C.
	JAN 16 '90	32. REGISTRAR'S	Signature Davids	n-Br	dopp								

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the current after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-transit be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

MPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

1. DECE	EGISTRAR EDENT'S NAME (First, Middle, Last)			CERTIF		_ ~!			2. DATE O	DA		YEAR	3. TIME OF DEA	
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	-07-8336	5. SEX	6. AGE (In yrs.		IF UNDER	DAYS	HOURS	MIN.	7. DATE Of (Month, Feb.	Day, Year)	96	Countr	HPLACE (State or l lry) France	Foreign
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10a. ST		v ontgomery			ry, town o								10d. INSIDE CITY LIMITS? 1 [ ] YES 2 [ NO	
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1 🗆 N	RITAL STATUS ever Married 2 Married //idowed 4 Divorced	EDENT EVER IN U.S. ARMED 1 YES 2 NO IVE WAR OR DATES				13. WAS DECENDENT OF HISPANIC ORIGIN If yes, specify Cuben, Maxican, Puerto I Tess 2 No Specify:				or No—	Speci	RACE — American Indian, Black, White, etc. Specify: White		
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Year  Year  Were Autopsy AMILABLE PRIO COMPLETION OF DEATH?	eral nery nate Between nd Daath ar: S

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE
Julia Davidson

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	1 - FOR STATE REGISTRAR	STATE OF MA	ARYLAND / DEP			EALTH AN		MENTAL HYGIEN					
	1. DECEDENT'S NAME (First, Middle, Lest)	/ .	, .	,				2. DATE OF DEATH	AY	YEAR :	. TIME OF DEATH		
		eAtrice		PhA	LD			4 4	7	90	11:05 p M		
	4. SOCIAL SECURITY NUMBER		6. AGE (In yrs. last birthde	y) IF UND	DER 1 YEAR	IF UNDER 24 H	IRS.	7. DATE OF BIRTH (Month, Day, Year)		8. BIRTHP	LACE (State or Foreign		
	267.18.3770	1 □ M 2 □ F	69 YAS	3.		HOURS W		01-01-	20	Unk	nown		
	9a. FACILITY NAME (If not institution, give st			9b. CI		R LOCATION (			9c. COUNTY OF DEATH				
OR	Bon Secours Hosp	ital			В	altimo	ore		Ba	ltimo	re City		
DIRECTOR	RESIDENCE OF DECEDENT  100. STATE 100. COUNTY		100	CITY TOWN	N OR LOCATI	ON				1	lod. INSIDE CITY		
E	Maryland		1000		imore						LIMITS?		
	10e. STREET AND NUMBER			Dal C		ZIP CODE			T son CITI	AT COUNTRY?			
FUNERAL	2622 Maempel La	20			101.		2		rog. Ciria				
NE	11. HARITAL STATUS		EVER IN U.S. ARMED	La		21223		10.0010110.00		U.S.			
F	1 Never Married 2 Married	FORCES? 1	FORCES? 1 YES 2 NO				13. WAS DECENDENT OF HISPANIC ORIGIN? (Speiff yes, specify Cuban, Maxican, Puarto Rican,				- American Indian, White, etc.		
BY	3 Widowed 4 Divorced	IF YES, GIVE WA	R OR DATES		1   YES	2 NO 5	Specify:	:		Specify:	White		
0	16. DECEDENT'S EDUC		16a. DECEDEN	T'S USUAL	OCCUPATIO	N		16b. KIND OF BU	SINESS/IND	USTRY			
E	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	life Do NO	of work don T use retired	ne during mos 1.)	t of working							
PL	Unknown			mown				IInl	mown				
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					16. MOTHER	'S NAN	ME (First, Middle, Melden					
C	ਹ	nknown	known						Unknown				
BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAIL	ING ADDRE	ESS (Street an	nd Number or I	Rural R	loute Number, City or Tox	vn, State, Zip	Code)			
5	Charlotte B. Chepaitis 2622 Maempel Lane Balt., Md. 21227												
	20a. METHOD OF DISPOSITION		20b. PLACE OF DIS						CATION -		n, State		
	Surial 2   Cremation 3   Ramoval from State   Other (Specify)   Western Star Cemetery   Baltimore, Ma										Maruland		
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE		2	2. NAME AN	D ADDRESS (	OF FAC	CILITY		V 10 - 11	A STATE OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PAR		
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	23. PART I. Enter the diseases, or cahock, or heart failure.	Distriction that List Drily one caus	ceused the deeth. D se on each line.	D not ent	ter the mod	de of dying,	, auch	h ae cardiac or reap	iratory arr	est,	Approximata Interval Between		
	IMMEDIATE CAUSE (Finel	10	<u></u>		O 0.	Dia	1	1	100		Onset and Death		
	disease or condition resulting in death)	. Hel	lle 11	MC	cai	auce	1	mar	Chay	t			
- 1		DUE TO (	OR AS A CONSEQUENCE	E OF)U				d					
N	Sequentially list conditions,	s											
CERTIFICATION	if any, leading to immediata cause. Enter UNDERLYING	DOE 10 (	OR AS A CONSEQUENCE	E OF):									
5	CAUSE (Disease or Injury	DUE TO 6	OR AS A CONSEQUENCE	E OED.							-		
Ë	that initiated eventa reaulting in deeth) LAST	202 10 (	OH AS A CONSCOURN	L Ory.							į		
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-	PART II. Other algnificant condition	a contributing to	death but not resulting	ng in the	underlying	ceuse give	en In				WERE AUTOPSY FINDINGS		
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A	25. WAS CASE REFERRED TO MEDICAL	V DOCA	YALLACE /	190	26. PL	ACE OF DEAT	TH (Che	ack only one)					
PHYSICIAN: MEDICAL	EXAMINER?	HOSPITAL:	ER/Outpatient 3 DO	OTH		5 Decid	ence	6 Other (Specify)					
H	27. MANNED OF DEATH	26a. DATE OF I	NJURY 28b.	TIME OF	28c. iNJU	JRY AT	T	28d. DESCRIBE HOW	INJURY OCC	CURED			
	1 Natural 5 Pending	(Month, Day	y, Year)	INJURY M	1 🗆 Y	ES 2 N	ю	_					
ВУ	2 Suitelds	28e. PLACE OF	INJURY At home, far	rm, street, f	actory, office	,		28f. LOCATION (Street		or Rural Ro	ute Number,		
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E	290. CERTIFIER	CIAN: To the heat of	my knowledge, death oc	numari es es	a time dat-	and alone	od atom	to the sourcest and a		and .			
MP	(Check only one) 2 MEDICAL EXAMINE										and manner as stated		
8			The second second	,	,								
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18362 362 8 90

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print)

KOMAL K. DANG M.D., 3455, 31. DATE FILED (Month, Day, Year) 455 32. REGISTRAR'S SIGNATURE
Julia Davidson-Randelle

DHMH-16 Rev 1/89

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	FOR STATE REGISTRAR	STATE OF MARYLANI	D / DEPAR					MENTAL	HYGIEN REG. NO.	E			
	1. DECEDENT'S NAME (First, Middle, Last)	J.	LUCIDA					2. DATE OF		Y	YEAR	3. TIME OF 2:38	
			LUCIDI s. last birthday)	IF UNDER		IF UNDER		7. DATE OF	BIRTH		8. BIRTN	PLACE (Stat	te or Foreign
	160-20-3209	2 M 2 □ F 61	YRS.	SICHTHIS	DANS	HOURS	MIN.	June	Day, Your) B 14,	1928	Countr	a.	
_	9e. FACILITY NAME (If not institution, give street					A LOCATIO	N OF DE	ATN		9c, COUN	ITY OF D	EATH	
0	MEMORIAL CHOSPITA	L		Cumberland						Allegany County			
DIRECTOR	10a, STATE 10b, COUNTY	44.	10c. CIT	Y, TOWN O	R LOCAT	ION						10d. INSID	
	Pa. Faye	t te	U	niont	own	_						1 X YES	
FUNERAL	10e. STREET AND NUMBER				101.	ZIP CODE	1540	1				NAT COUN	TRY?
Ä	RD # 6 Box 344	. WAS DECEDENT EVER IN U.S	4.04000				- '			US			- Ariento
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COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade com-		. DECEDENT'S	work done d			9	16b. K	CIND OF BUS	INESS/IND	USTRY		
Ë	Elementary/Secondary (0-12) C	ollege (1-4 or 5+)	Truck		er				Fruck	ing			
OM	17. FATHER'S NAME (First, Middle, Last)		2444		_	16. MOTH	IER'S NAM		ddle, Meiden				
Ö	Joseph Lucidi							nie Za		,			
TO BE	19s. INFORMANT'S NAME (Type/Print)		19b. MAILING							n, Stele, Zip	Code)	FL04	
۴	Josephine Lucidi		R0 #					town,	_			5401	
	20s. METNOD OF DISPOSITION  13 Buriel 2 Cremation 3 Removed  4 Donation 5 Open (Specify)	from State 20b. PL	ACE OF DISPO or place) Oalk G:	SITION (No.	ceme	etery, crem	etory or			niont			
	21. SIGNATURE OF FUNERAL SERVICE LICENS	te /	Oak Grove Cemetery  22. NAME AND ADDRESS OF FACILITY Gary L. Kaufman Funera										
	· Laust	at							unera ridge			nd 21:	227
	23. PART I. Enter the diseases, or com	plications that caused th	e death. Do									Арр	roximate
	shock, or heart failure. Liet IMMEDIATE CAUSE (Final	only one cause on each	line.										rval Between et and Daath
	disease or condition resulting in death)	Chest injuri											
_		DUE TO (OR AS A CO	NSEQUENCE O	F):									
CAL CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A CO	NSEQUENCE O	IF):								1	
S	CAUSE (Disease or Injury												
E	thet initieted events resulting in deeth) LAST	DUE TO (OR AS A CO	NSEQUENCE (	IF):									
E I	d											+	
AL	PART II. Other algnificent conditions co								24a. WAS AN PERFOR		24b	MAILABLE	
_	Hypertensive a	irteriosclero	otic ca	rdio	vasc	ular	die	esee :	1 X XYES 2	□ NO	"	OF DEATH?	
M	and Ohesity							-			^	XX YES	2 NO
PHYSICIAN: MED	25. WAS CASE REFERRED TO MEDICAL				26. PL	ACE OF D	EATH (Che	eck only one)	)				
SIC		OSPITAL:	nt 3 🗆 DOA	OTHER		e 5 🗆 Re	sidence	6 🗆 Other	(Specify)				
¥.	27. MANNER OF DEATH	28a. DATE OF INJURY  (Month, Cay, Year)	28b, TH	ME OF	28c. INJ WO	URY AT			RIBE HOW I				
BY	1 Natural 5 Pending  XXXXccident Investigation			44 M		KS 2	NO						.h mover
	3 Suicide 6 Could not be 4 Nomicide determined	28e. PLACE OF INJURY — building, etc. (Specify)		ksite		•	İ	Rt.	TION (Street Town, State)				
	290. CERTIFIER	N: To the best of my knowledg							1.V. V	arvl	and	^n, "	llegany
COMPLETED	(Check only one) 2 MEDICAL EXAMINER: C	n: to the best of my knowledg On the basis of austrination an	je, deam occur nd/or investigati	ion, in my o	pinion, d	and place, leath occur	ed at the	time, date a	ind place, er	meree stat nd due to th	ne ceuse(i	e) and menn	ner ee stated.
	29th SIGNATURE AND TITLE OF CERTIFIE	TIME L	2				ENSE NUN					(Month, De	
TO BE	Mano F	DAY A	t No			001	ME			•	1-5-	90	
E	MARTU F. GOLLE, J					L D.	1		D 0 0	0		<del>-</del> .:	
	31. DATE FILED (Month, Day, You DO	32. REGISTRAR'S SIGNATU	111 Pe	nn St	ree	t,Ba.	Ltime	ore,M	D 212	01			VCC
l d	JAN 9 '90	Julia Davidso	n- Rande	ue_									

4	#	de	10
BALTIMORE, MARYLA	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the curs after death. Page 6 may be retained by the	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be de fled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	connected. If the on the material or them by above now injury by other frommelle award the madical available to available of or
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	ecuted	nd co burial,	affe o
×	De ex	cian a	Wile.
8	<b>ficate</b>	physical pri	ner fr
o.	certi	Hygie	to at
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	光光	를 가 Da	A TOTAL
	TO T	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fun be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	10.00

	FOR 1 - STATE REGISTRAR	STATE OF MA	RYLAND /	DEPART	MENT OF H	EALTH AND	MENTAL	HYGIEN REG. NO.			0124
	1. DECEDENT'S NAME (First, Middle, Last)		-				2. DATE (	OF DEATH		YEAR 3.	TIME OF DEATH
	BETTY LOUISE	LEOPOLD						15,			A
	4. SOCIAL SECURITY NUMBER	The same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the sa	AGE (In yrs. les		IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE C	Day, Ybar)	1	B. BIRTHPL	ACE (State or Foreign
	202-22-3292	1 M 2 X F	60	YAS.	MORTING DATE	HOUNE MIN.		5,1	929		land
	9e. FACILITY NAME (If not institution, give e	treet and number)			9b. CITY, TOWN	OR LOCATION OF D	EATH		9c. COUNT	Y OF DEAT	Н
5	905 Primrose	Road			Ann	apolis			An	ne A	rundel
S	10a. STATE 10b. COUNT			10c. CITY	TOWN OR LOCA	TION				10	d. INSIDE CITY
DIRECTOR	Maryland Ann	e Arunde	1		Annap	olis				1	LIMITS? X YES 2 NO
	10s. STREET AND NUMBER					f. ZIP CODE			10g. CITIZI	EN OF WHA	T COUNTRY?
BY FUNERAL	905 Primrose	Road				2140	3		U	.S.A	
15	11. MARITAL STATUS	12. WAS DECEDENT E	VER IN U.S. AR	MED	13. WAS DEC	CENDENT OF HISPA	NIC ORIGIN	(Specity Yes		4. RACE -	American Indian, filts, etc.
≥	1 Never Merried 2 Merried 3 Widowed 4 Civorced	IF YES, DIVE WAR				2 NO Speci		icani, etc.)		Specify:	
	15. DECEDENT'S EDU	CATION	16a DE	CEDENT'S	JSUAL OCCUPATI	ON	105	KIND OF BUS	PINESS (INDI)	Whi	те
	(Specify only highest grade Elementary/Secondary (0-12)	completed)	(G	ive kind of w Do NOT us	ork done during me	ost of working	100.	KIND OF BU	SINE33/INDO	oint	
2	12	College (1-4 or 8+)		PB	X Oper	ator		Hote	1		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				1	18. MOTHER'S NA	AME (First, M				
BEC	Arthur Baker					Mar	garet	Tay	lor		
TO BE CON	19e. INFORMANT'S NAME (Type/Print)		19	b. MAILINO	ADDRESS (Street	and Number or Rural	Route Numb	er, City or Tow	n, State, Zip (	Code)	21061
EF	Martin Leopold			742	5 Zach	ary Lai	ne,				
5	20a. METHOD OF DISPOSITION 1 Burlel 2 D-Cremetion 3 Rem	noval from State	20b. PLACE other pi		ITION (Name of ce	metery, cremetory or		20c. LO	CATION — C	ity or Town	State
	4 Donetton 8 Other (Specify) Metropolitan Crematory Alexandria, VA  22. NAME AND ADDRESS OF FACILITY										
examiner musi	22. NAME AND ADDRESS OF FACILITY Taylor Funeral Chapel 21401										
	Male A.	Ven 1						100			
	23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heart feliure. List only one cause on each line.  IMMEDIATE CAUSE (Finel									et,	Approximata Interval Between Onset and Deat
5	disease or condition resulting in death)	CAND	, Az	ANKO	437						1 mango
	Tooling in dealing	DUE TO (O	R AS A CONSE	OUENCE OF	7:						Zuks
Z	Sequentially list conditions,	· CONG	TINC	161	NT F	Houne					Luks
E E	If eny, leeding to immediate cause. Enter UNDERLYING	DUE TO (O	R AS A CONSE	OUENCE OF	ገ):						
CERTIFICATION	CAUSE (Diseese or injury	cDUE TO (0	R AS A CONSE	OUENCE OF	D:						<del> </del>
HAT	that initiated events resulting in death) LAST				,						!
C		d			<u> </u>						1
CAL C	PART II. Other significant condition	ns contributing to d	eeth but not	resulting i	n the underlyin	ig cause given in	n Part I.	24a. WAS AN PERFO		A	ERE AUTOPSY FINDINGS MILABLE PRIOR TO
: MEDIC								1 TYES	2 NO		OMPLETION OF CAUSE F DEATH?
M										1	YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL					PLACE OF DEATH (C					
SICIAN	EXAMINER?	HOSPITAL:			OTHER:	10-		-17-			
14 S	1 YES 2 AND	1 Inpatient 2 I E		28b. TIM		me 8 Feeldence	_	(Specify)	INJURY OCC	URED	
	Netural 8 Pending	(Month, Day,			URY W	ORK? YES 2 NO					
	2 Accident Investigation 3 Suicide B Could not be 4 Homicide determined	28e. PLACE OF building, et	28e. PLACE OF INJURY — Al home, farm, street, factory, office building, etc. (Specify)					ATION (Street or Town, State	and Number	or Rural Rou	te Number,
	29e. CERTIFIER	NCIAN. To the best of	u knowled -	adb	ad as the steel of	a and alone indi-	in to 12	ne(e) 4 -		a i	
D BE COMPLETED	(Check only one) 2 MEDICAL EXAMIN										nd manner se stated.
8	29b-BIGNATURE AND TITLE OF CERTIFIE					29c, LICENSE NO		,,			fonth, Day, Year)
E H	1/2/2/10		MIS			030				-16	
2 ≥	36. NAME AND ADDRESS OF PERSON W	- Cura			Print)	0 30	110			, 0	/
	1833 GUSST	Da A		0	1.1	2140	1				

31. DATE FILED (Morith, Day, Year)

JAN 18 1990

32 REGISTRAN'S SIGNATURE
Fuha Davidson-Windall

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3. TIME OF DEATH

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

Hester

Mae

that the death certificate be OR ATTENDING PHYSICIAN: The law DIVISION

4. SOCIAL SECURITY NUMBER 8. AGE (In yrs. lest birthday) 7. DATE OF BIRTH IF UNDER 1 YEAR | IF UNDER 24 HRS. 6. BIRTHPLACE (State or Foreign (Month, Day, Yber) April 1,1908 DAYS 216-22-7415 1 M 2 TF HOURS 81 YRS. Maryland Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give atreet and number) 9c. COUNTY OF DEATH 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR Washington County Hospital Hagerstown Washington RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Washington Hagerstown 1 X YES 2 - NO permit. FUNERAL 10e STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 338 Yorkshire Drive page 5 should be detached for use as the burial-transit 21740 U.S.A. or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 TYES 2 XNO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 Never Married 2 Married 1 YES ZYNO Specify Specify: BY white 3 X XWidowed 4 ☐ Divorced COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 18b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) Housewife 17. FATHER'S NAME (First, Middle, Last) 18 MOTHER'S NAME /First Middle Maiden Sumama George W. Sciese 3 H Bessie Mae Pryor BE retained notified 19a. INFORMANT'S NAME (Type/Frint) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 0 Mrs. Audrey R. Dix 114 Greenmeadow Drive, Timonium, MD 21093 8 99 20a METHOD OF DISPOSITION
1 Purial 2 Cremation 3 Removal from State
4 Donation 6 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or 20c. LOCATION - City or Town, State Page 6 may must Rose Hill Cemetery Hagerstown, Maryland examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY MINNICH FUNERAL HOME funeral 00 415 E. Wilson Blvd., Hagerstown, MD 21740 the medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter tha mode of dying, such as cerdiac or respiratory arrest, and completely filled in by o burial, cremation, or remo Approximate shock, or heart fellure. List only one cause on each line. Interval Between Onset and Death IMMEDIATE CAUSE (Final the disease or condition resulting in death) ardiopulnomary event, DUE TO (OR AS A CONSEQUENCE OF) acute DUE TO (OR AS A CONSEQUENCE OF) traumatic CERTIFICATION Sequentially list conditions, ung physician a 2 If any, leading to immediate cause. Enter UNDERLYING DUE TO (OR AS A CONSEQUENCE OF) artery CAUSE (Disease or Injury other that initiated eventa resulting in death) LAST the attending p donbeter mellitos - end stage 10 PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 246. WERE AUTOPSY FINDINGS MEDICAL signed by the AVAILABLE PRIOR TO COMPLETION DF CAUSE any 1 TYES 2 PINO DF DEATH? 1 YES 2 NO peen 0 has be Dept. ( 23 sh PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) certificate the State EXAMINER? HOSPITAL:
1 Dispatient 2 DER/Outpatient 3 DOA OTHER: me 5 Residence 6 Other (Specify) 10 the 27. MANNER OF DEATH 26a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 26c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED with t marked, 1 Natural e Pending 1 YES 2 NO BY After death 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 261. LOCATION (Street and Number or Rural Route Number City or Town, State) 3 Suicide DIRECTOR: A hours after of tem 28 is .00 COMPLETED 6 Could not be 4 🔲 Homicide hours ? tem 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(a) and manner as steted, (Check only one) TO THE HOSPITAL.
TO THE FUNERAL I
De filed within 72 h
IMPORTANT: If II 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, dete and place, and due to the cause(a) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIE 29d. DATE SIGNED (Month, Day, Year) BE Y Mas 73058 0 ERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) NAME AND ADDRESS OF 324 E. Antretam: Sv. te 303 - Hegersteur Laurence Greenspan, M.D. JAN 08 32. FEGISTRAPS SIGNATURE PONDLAGE DHMH-16 Rev 1/89

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

LANDAKER

2. DATE OF DEATH

DAY

January 5, 1990

YEAR

DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALTIMORE, MARYLAND 21203-3146
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within A wours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIRECTOR	REGISTRAR  1. DECEDENT I NAME (First, Middley Last)  1. BOCIAL SECURITY NUMBER  286-66-9224  9a. FACILITY NAME (If not institution, give to Washington Coll.)	1½ M 2 □ F		NHE ISER	Ser 2.0	REG. NO.	YEAR 90	3. TIME OF DEATH A			
RECTOR	286-66-9224  9e. FACILITY NAME (If not institution, give a	15€ M 2 🗆 F			IF UNDER 24 HRS. 7. D.						
RECTOR	9a. FACILITY NAME (If not institution, give :		4		HOURS MIN (A	ATE OF BIRTH fonth, Day, Year) 1v 19/19	Country				
RECTOR	Washington Cou			9b. CITY, TOWN	OR LOCATION OF DEATH		64 Oh				
RECT	Washington County Hospital Hagerstown Washington										
CC II	RESIDENCE OF DECEDENT  10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d.										
5	Ohio Berlin Center										
	100. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT										
EB/	12278 Berlin	Station Ro	ad		44401		U.S.	Α.			
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EYER FORCES? 1 YES IF YES, GIVE WAR OR I	2 NHO	If yes, sp	CENDENT OF HISPANIC OF secify Cuben, Mexican, Pue 222 NO Specify:		No- 14. RACE Black,	American Indian, White, etc.			
ETED	15. DECEDENT'S EDU (Specify only highest grade Elementery/Secondary (0-12)		18e. DECEDENT'S (Give kind of life. Do NOT u	USUAL OCCUPATI work done during me se retired.)	ON ost of working	16b. KIND OF BUSINE	SS/IHDUSTRY				
7	9	Conege (i-4 or 5+)	La	bor		Horse	Racino	7			
E COMPLET	17. FATHER'S NAME (First, Middle, Last) Robert Leande	r Lautzenh			16. MOTHER'S HAME (F) Shirley	rst, Middle, Maiden Surr					
TO B	19a, IHFORMANT'S NAME (Type/Print) Robert Lautze	nheiser	196. MAILING 122 <b>7</b>	ADDRESS (Street 8 Berl	in Statio	Number, City or Town, St n Rd., Be	rlin (	enter.			
	20a. METHOD OF DISPOSITION  1 Burlel 2 Cremation 3 Rem  4 Donation 5 Other (Specify)  21. SIGHATURE OF FUHERAL SERVICE LI	CENSEE	b. PLACE OF DISPO	arg Cre	matory HD ADDRESS OF FACILITY	Smith		, Maryland			
	23. PART I. Enter the diseases, or	Thinn			ich Funer			, Hagersto			
CERTIFICATION	Shock, or near tenure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO (OR AS	A CONSEQUENCE O	PF):	shot s	= 950		Interval Between Onset and Death			
	PART II. Other significent condition	ne contributing to death	but not resulting	In the underlyin	g cause given in Part	I. 24s. WAS AN AUT		WERE AUTOPSY FINOINGS			
: MEDICAL						PERFORME 1 TYES 2		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 PYES 2 NO	HOSPITAL:	mariant 2 Phos	OTHER:	LACE OF DEATH (Check or						
	27. MANNER OF DEATH  1  Hatural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIN	AE OF 28c. IN	JURY AT 26d.	DESCRIBE HOW IHJU	RY OCCURED				
M 1 YES 2 HO  2 Acoldent   Investigation   Investigation   Investigation   Investigation   Investigation   Investigation   Investigation   Investigation   Investigation   Investigation   Investigation   Investigation   Investigation   Investigation   Investigation   Investigation   Investigation   Investigation   Investigation   Investigation   Investigation   Investigation   Investigation   Investigation   Investigation   Investigation   Investigation   Investigation   Investigation   Investigation   Investigation   Investigation   Investigation   Investigation   Investigation   Investigation   Investigation   Investigation   Investigation   Investigation   Investigation   Investigation   Investigation   Investigation   Investigation   Investigation   Investigation   Investigation   Investigation   Investigation   Investigation   Investigation   Investigation   Investigation   Investigation   Investigation   Investigation   Investigation   Investigation   Investigation   Investigation   Investigation   Investigation   Investigation   Investigation   Investigation   Investigation   Investigation   Investigation   Investigation   Investigation   Investigation   Investigation   Investigation   Investigation   Investigation   Investigation   Investigation   Investigation   Investigation   Investigation   Investigation   Investigation   Investigation   Investigation   Investigation   Investigation   Investigation   Investigation   Investigation   Investigation   Investigation   Investigation   Investigation   Investigation   Investigation   Investigation   Investigation   Investigation   Investigation   Investigation   Investigation   Investigation   Investigation   Investigation   Investigation   Investigation   Investigation   Investigation   Investigation   Investigation   Investigation   Investigation   Investigation   Investigation   Investigation   Investigation   Investigation   Investigation   Investigation   Investigation   Investigation   Investigation   Investigation   Investigation   Investigation   Inv											
		SICIAH: To the best of my kno	wiedge, death occur	red at the time, dat	e end place, and due to th						
	anal	ER: On the basis of axeminati		on, in my opinion,	death occured at the time,	data and place, and d	ue to the cause(a)	and manner as stated.			
TO BE COMPLETE	(Check only	ER: On the basis of axaminati	on and/or investigati	+ME	29c. LICEHSE NUMBER		ed. DATE SIGNED				

DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALLIMOHE, MARYLAND	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 25 mours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION OF VII.	TO THE HOSPITAL OR ATTENDING PHYSICIAN: T	TO THE FUNERAL DIRECTOR: After this certificate be filed within 72 hours after death with the Stat	IMPORTANT: If item 28 is marked, or ite,

31. DATE FILED (Month Pay)

30, NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE

The Sandson-Randelle

Margarita A. Korell, M.D.

'90

	FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPAI CERTIF				MENTA	L HYGIEN REG. NO.	E	-	0134	
	DECEDENT'S NAME (First, Middle, Last)  N	D1			7		2. DATE MONT	OF DEATH		YEAR	IME OF DEATH	
	Norman  4. social security number	5. SEX 0. AGE (In	yrs. lest birthday)	Lee.	1 YEAR	IF UNDER 24 HRS.	7. DATE	OF BIRTH		<u> </u>	2:45 A M DE (State or Foreign	
	218-94-4961		7 YRS.	MONTHS	DAYS	HOURS MIN.	2	h, Day, Year) -26-72		Country)	D	
NO B	9a. FACILITY NAME (If not institution, give atm Rt. 1. Box 196B.	Drapers Mill	Rd.	96. CIT		a location of Isboro	DEATH			oline		
5	RESIDENCE OF DECEDENT  10a, BTATE 10b, COUNTY			ry, TOWN	201001	1011				T		
DIRECTOR	MD Caro	line	100	dsbo		ION					. INSIDE CITY LIMITS? YES 2X NO	
FUNERAL	Rt. 1 Box 196B				100	1636			10g. CITIZE	N OF WHAT	COUNTRY?	
5	11. MARITAL STATUS	12. WAS DECEOENT EVER IN			WAS DEC	ENDENT OF HISE				4. RACE — /	merican Indian,	
BY F	1 X Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES	2X NO			2 NO Spe		Rican, atc.)	Black, White, etc. Specify: Whit			
ED	15. OECEOENT'S EDUC		16a. DECEDENT	USUAL C	CCUPATIO	)N	161	. KIND OF BUS	SINESS/INOUS	STRY		
COMPLET	(Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of life. Do NOT L	work done see retired.) uder	-	st of working		NA				
	17. FATHER'S NAME (First, Middle, Last) Norman Douglas I	Lee, Sr.				18. MOTHER'S	NAME (First,	Middle, Maiden herine	Parks	s Lee		
TO BE	19a. INFORMANT'S NAME (Type/Print) Norman D. Lee, S	Sr.	19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Rt. 1 Bx 196 B, Goldsboro, MD 21636									
	20 METHOD OF DISPOSITION	20b.	PLACE OF DISPO	SITION (N	ame of cen	netery, crematory o	v	20c. LO	CATION — CI	ly or Town,	State	
	1 Burial 2 Cremation 3 Remo	val from State	other place)	eens	horo	Cemete	rv		eensbo			
	21. SIGNATURE OF FUNERAL SERVICE LICE	ENSEE	22. NAME AND ADDRESS OF FAC									
	1 type	then		F	leeg	le-Helfe	enbei					
	23. PART I. Enter the diseeses, or co	omplications that caused list only one cause on ee		not ente	r the mo	da of dylng, s	uch ss cer	dlec or respi	ratory arres	st,	Approximate Interval Between	
1	IMMEDIATE CAUSE (Finel	,,									Onset and Death	
	disease or condition resulting in deeth)	Contact Gunshot Wound to the Head										
		OUE TO (OR AS A	CONSEQUENCE (	OF):								
CERTIFICATION	Sequentielly list conditions, if sny, leeding to immediate	DUE TO (OR AS A	CONSEQUENCE (	OF):								
S	CAUSE (Disease or Injury											
H	that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE (	OF):								
H		l										
اب	PART II. Other significant conditions	contributing to death bu	t not resulting	In the u	nderlyln	g ceuse given	in Part I.	24a. WAS AN PERFOR			RE AUTOPSY FINDINGS	
PHYSICIAN: MEDICA								1 X YES 2		CO	MPLETION OF CAUSE DEATH?	
ME										1 [	YES 2 NO	
ä												
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		ОТНЕ		ACE OF DEATH	Check only o	one)				
IXS	1 XYES 2 NO	1 Inpatient 2 ER/Outpu	1	_		e 5 🏋 Realdend	_					
	1 Netural 6 Pending	26a. DATE OF INJURY (Month, Day, Year) 12/31/89	26b. TI	JURY M		VES 2 1 NO		scribe How i				
B	2 Accident investigation 3 Suicide 8 Could not be	26e. PLACE OF INJURY	— Al home, farm.	street, fac				_			Number.	
COMPLETED	4 Homicide 8 Could not be	building, etc. (Speci	home		,, -,,,		Rt Cm	TownBank	196B	, Dra	pers Mill line Co.,	
Ë	29a. CERTIFIER 1 CERTIFYING PHYSIC	CIAN: To the best of my knowle		red at the	time date	and place, and d					Mu.	
)MF	one)	R: On the basis of examination									d manner as stated.	
	29b. SIGNATURE AND TITLE OF CERTIFIER	1/				29c. LICENSE I		re treations.			nth, Day, Year)	
O BE	Wowhen of	Moule	OCME									

111 Penn St.

Balto., Md. 21201

	FOR 1 - STATE REGISTRAR	STATE OF M	IARYLAND /				EALTH AND DEATH	MENTA		E	30	01941
	1. DECEDENT'S NAME (First, Middle, Last) Florine	T. Lewi		HIIF	ICATE	UF	DEALIT	MONT	REG. NO.	°3,19		TIME OF OEATH 2:39P.Mm
	4. SOCIAL SECURITY NUMBER 216-22-6522	5. SEX 1 M 2 TF	6. AGE (In yrs. lest	birthday) YRS.	IF UNDER 1	YEAR DAYS	IF UNDER 24 HRS. HOURS MIN,	7. DATE	OF BIRTH	1		CE (State or Foreign
TOR	9a. FACILITY NAME (If not institution, give street and number)  9b. CITY, TOWN OR LOCATION OF DEATH  9c. COUNT  P.O. Box 96. Beechers Ave. Eckhart  AL:  RESIDENCE OF DECEDENT											Н
DIRECTOR	10e. STATE 10b. COUNT			10c. CIT	Y, TOWN DR						d. INSIDE CITY LIMITS? YES 2 NO	
FUNERAL	100. STREET AND NUMBER P.O. BOX 90	Beech	iers Av	·e			21528	10g. CITIZEN OF				•
BY FUR	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	T EVER IN U.S. ARI YES 2 N AR OR DATES	WED O	11	yes, spe	ENDENT OF HISP/ ecity Cuban, Mexic 2 NO Spec	an, Puerto		or No— 1	Specify:	American Indian, hite, etc.
ED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		·) (G/	ve kind of Do NOT u	USUAL OCC work done du se retired.)	CUPATIO	DN st of working	160	. KIND OF BUS		STRY	
COMPLET	12 Textile  17. FATHER'S NAME (First, Middle, Leat)  18. MOTHER'S NAME (First, Middle, Leat)									nese Surname)	Cor	p•
TO BE	Walter Thomas  19a. INFORMANT'S NAME (Typ_Print)  La Wana Mc Millan  Montel Road, Frostburg, Md. 21532											
	20c. METHOO OF DISPOSITION 1 UnBurlei 2 Cremation 3 Removal from State 4 Denation S Other (Specify) 20c. LOCATION - City or Town, State cother place) Eckhart Cemetery  22c. NAME AND ADDRESS OF FACILITY											
	22. NAME AND ADDRESS OF FACILITY Durst Funeral Home, Frostburg,										rg, Md.	
	IMMEDIATE CAUSE (Final disease or condition resulting in deeth)	a.	se on each lina	rdi	o-Pu		onary A			ratory arre	st,	Approximate Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	b. DUE TO	(OR AS A CONSEC	ter	io-S	cle	rotic	Hear	rt Dis	ease		
ERTIFI	CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO	(OR AS A CONSEC	UENCE O	F):							
MEDICAL	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I 24e was an autropsy 24b we									PRE AUTOPSY FINDINGS MILABLE PRIOR TO MPLETION OF CAUSE F DEATH?  YES 2 NO		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER	:	ACE OF DEATH (C					
ВУ РНУ	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Year) INJURY WORK?						-	SCRIBE HOW I	NJURY OCCI	JRED	
0	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE O building,	of INJURY — At ho etc. (Specify)	me, farm,	street, facto	ry, offic	•	281. LO	CATION (Street y or Town, Stete)	and Number o	or Rural Rou	te Number,
COMPLETE	29e. CERTIFIER (Check only one) 1 CERTIFYIND PHYS	ICIAN: To the best of a										nd manner as stated.
TO BE	296 SIGNATURE AND DITLE OF CERTIFIE	In my	11/	5>	(		29c. LICENSE N	UMBER 157			SIDNED (M	onth, Day, Year)

WHD COMPLETEO CAUSE DF DEATH (ITEM 27) (Type, Print)

W. 12h W. Third St.

Cumberland. Md.

8

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1	ď	P	1
DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALTIMORE, MARYLAND 21203-3146	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending any executed within 24 hours after death.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the invariance of the second process. The second process is the second process of the second process of the second process of the second process of the second process of the second process of the second process of the second process of the second process of the second process of the second process of the second process of the second process of the second process of the second process of the second process of the second process of the second process of the second process of the second process of the second process of the second process of the second process of the second process of the second process of the second process of the second process of the second process of the second process of the second process of the second process of the second process of the second process of the second process of the second process of the second process of the second process of the second process of the second process of the second process of the second process of the second process of the second process of the second process of the second process of the second process of the second process of the second process of the second process of the second process of the second process of the second process of the second process of the second process of the second process of the second process of the second process of the second process of the second process of the second process of the second process of the second process of the second process of the second process of the second process of the second process of the second process of the second process of the second process of the second process of the second process of the second process of the second process of the second process of the second process of the second process of the second process of the second process of the second process of the second process of the second process of the second process of the	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
AL REC	The law require	te has been sig ate Dept. of Hea	em 23 shows
N N	ICIAN:	the Sta	-0
OF	PHYS	r this c	arked,
DIVISION	THE HOSPITAL OR ATTENDING	THE FUNERAL DIRECTOR: After filed within 72 hours after death	PORTANT: If itom 28 is ma

. Pages 1, 2, 3 should

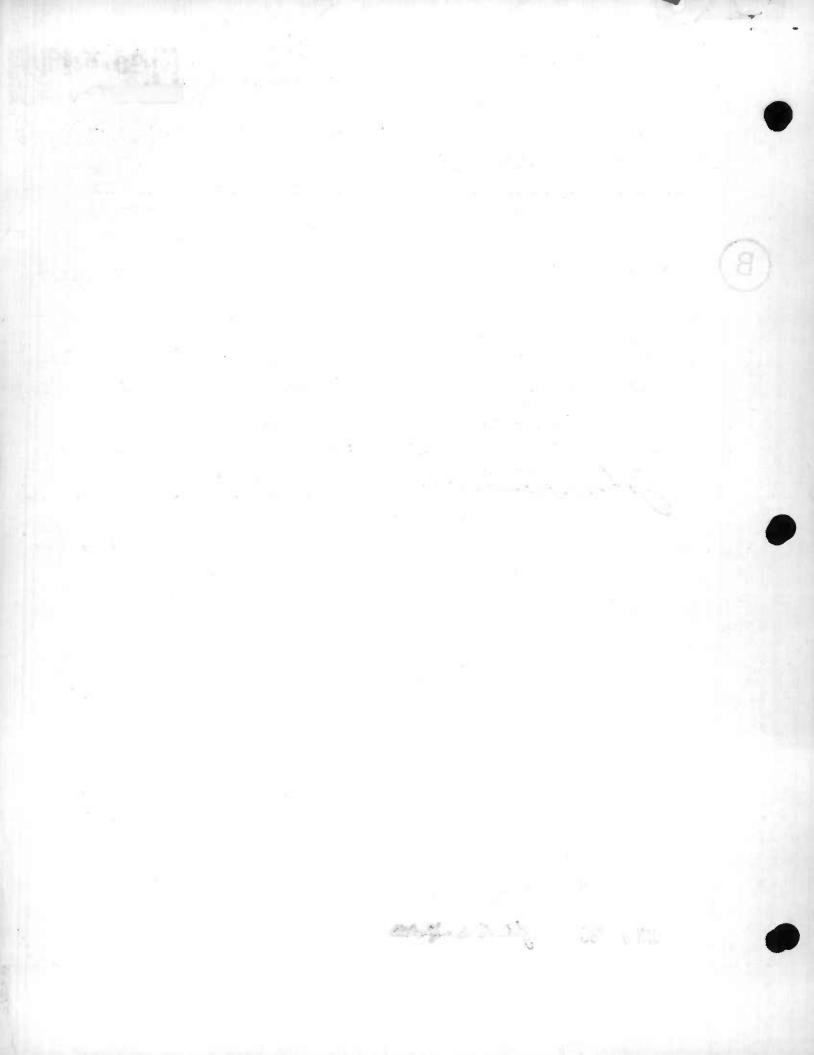
TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

+9

REGISTRAR		CERTIF	ICATE O	F DEAT	<u>H</u>	REG. NO.	1		
1. DECEDENT'S NAME (First, Middle, La			1 -	c	2	DATE OF DEATH		YEAR 3. TIME OF DEATH	
WILLIAM  4. SOCIAL SECURITY NUMBER	P 5. SEX 8. AG	E (In yrs. lest birthdev)	F UNDER 1 YEA		4 Uma   2	DATE OF BIRTN	90	BIRTHPLACE (State or Foreign	
214-32-6923	1 🔀 M 2 🗆 F	97 YRS.	MONTHS DAY	S HOURS	MIN.	(Month, Day, Year) 3- 9- 189	2 1	Country) ARYLAND	
99. FACILITY NAME (If not Institution, git PENINSULA GENER	AL HOSPITAL			I SBURY				Y OF DEATH ICOMICO	
RESIDENCE OF DECEDENT		100 CIT	Y, TOWN OR LO	CATION				10d, INSIDE CITY	
MARYLAND WO	RCESTER	100.01	OCEAN					LIMITS? 1 [2] YES 2 NO	
IOe. STREET AND NUMBER				10f. ZIP CODE			10g. CITIZE	N OF WHAT COUNTRY?	
102 S. BALTIMO					842			USA	
Never Married 2 Merried     Widowed 4   Divorced	12. WAS DECEDENT EVER FORCES? 1 (2) YE IF YES, GIVE WAR OR ARMY	CIN U.S. ARIMED S 2 NO DATES VII	If yes	specify Cuben (ES 2 XNO	, Mexican, F	ORIGIN? (Specify Yee Puerto Ricen, etc.)	or No 1	4. RACE American Indian, Black, White, atc. Specify: WHITE	
15. DECEDENT'S E (Specify only highest gi		16a. DECEDENT'S	USUAL OCCUP	ATION		15b, KIND OF BUS	INESS/INDU		
Elementary/Secondary (0-12)	College (1-4 or 5+)	Me. Do NOT us	work done during se retired.)	most or working	,				
HIGHSCHOOL	beings beings beings	MEAT CU	JTTER			GROCE	RIES		
17. FATHER'S NAME (First, Middle, Last)				18. MOTH	ER'S NAME	(First, Middle, Meiden	Sumeme)		
	DWARD	LAWS		I.U		Α.	-	/II.I.EY	
19e. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Stre	et end Number (	or Aural Aou	te Number, City or Town	n, State, Zip C	Code)	
KATHRYNE PE						OCEAN CIT	ry, Mr	21842	
Rea. METHOD OF DISPOSITION I /	emoval from State	PARSONS (	SITION (Name of CEME TER	Y	atory or		OCATION — City or Town, State SALISBURY, MD		
1. SIGNATURE OF FUNERAL SERVICE	LICENSEE	- 1		OWAY F		AL HOME, P	A		
23. PART. Enter the diseases,	House		501	SNOW H	ITI.I. I	RD. SALIS	PHEY	MD 21801	
iMMEDIATE CAUSE (Finel disease or condition resulting in death)	DUE TO (OR AS	liae a s a consequence of al flui	eves	\$	614	02 DA G	14.00	Onset and Dea	
Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	C	S A CONSEQUENCE OF	F):	ces acc		ege w	mye	Cras	
that initieted events resulting in death) LAST	d								
PART II. Other aignificant condi	tions contributing to deeth	but not resulting	in the underl	ying cause g	iven in Pa	rt I. 24e. WAS AN		24b. WERE AUTOPSY FINDING	
						PERFOR		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATN?  1  YES 2 NO	
25. WAS CASE REFERRED TO MEDICAL			26	. PLACE OF DE	ATH (Check	only one)			
EXAMINER?	HOSPITAL:	utpatient 3 DOA	OTHER:	lome 5   Res	sidence &	Other (Specify)			
27. MANNER OF DEATN  1 4 Natural 5 Pending Investigation	26a. DATE OF INJUR (Month, Day, Year	Y 26b. TIM	E OF 28c.	INJURY AT WORK?	2	6d. DESCRIBE HOW I	NJURY OCCU	PRED	
2 Accident Investigation 3 Suicide 6 Could not determined	be 28e. PLACE OF INJU	IRY Al home, farm, specify)	street, factory, o	office	2	61. LOCATION (Street of City or Town, State)	and Number o	r Rural Route Number,	
enel	IYSICIAN: To the best of my kn							d. ceuse(e) end menner as stated.	
96. SIGNATURE AND TITLE OF CERTI	- 200es (2	MO	2UT-		NSE NUMBE		1-	SIGNED (Month, Day, Year)	
O. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUSE OF	DEATH (ITEM 27) (Type	Print) Porver	street	Se	ud. Ho	901		
JAN 9 90	32 DEGISTRAD'S SI	GNATURE							

DNMH-16 Rev 1/89



death.	funera	IMPORTANT: If them 28 is marked, or flem 23 shows any injury, or other traumatic event, the medical examination
after	noval	cal
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	fille	he
vithin	pletely	ent.
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OR AI	JIREC	-
AL	M C	11
HOSPI	FUNEF	ANT
黑	THE !	PORT
2	21	3
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Jurs after death.	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Jurs after death.  TO THE FUNEFAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral bestud within 27 hours after death with the state hard health and Manital Hullene nifer to bind completely filled in by the funeral based with the state hard per or destinate the filled of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s

	1 - FOR STATE OF MARYLA REGISTRAR		IT OF HEALTH AN		L HYGIENE						
	1. DECEDENT'S NAME (First, Middle, Last) Cora C. Linsley				OF DEATH	90 <sup>YE</sup>	3. TIME OF DEATH 5:00 am				
	4. SOCIAL SECURITY NUMBER  155-36-5604  92  9a. FACILITY NAME (If not institution, give street and number)	1-36-5604 1 □ M 2 😾 F 92 YRS. MONTHS DAYS HOURS MIN. (Morth, Day, Y									
TOR	9a. FACILITY NAME (If not institution, give street and number)  9b. CITY, TOWN OR LOCATION OF DEATH  9c. COUNTY OF DEATH  Fairhaven 7200 Third Avenue Sykesville Carroll										
DIRECTOR	10a. STATE Maryland Carroll 10c. city, Town or Location Sykesville  10a. STREET AND NUMBER 7200 Third Avenue 10g. citizen of 21784 USA										
FUNERAL											
BY FUNI	11. MARITAL STATUS  1 Never Married 2 Married FORCES? 1 YES IF YES, OIVE WAR OR DAT	2 NO	3. WAS DECENDENT OF H If yes, specify Cuben, N 1 YES 2 NO	lexican, Puerto			RACE — American Indian, Black, White, etc. Specify: White				
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5+)	16e. DECEDENT'S USUAL (Give kind of work dor life. Do NOT use retired Nurs	e during most of working !.)	16	b. KIND OF BUSI	NESS/INDUST					
COMF	17. FATHER'S NAME (First, Middle, Lest)	2102.0	16. MOTHER		Middle, Maiden S		Care				
TO BE (	Reuben Cooke  194. INFORMANT'S NAME (Type/Print)  Fairhaven		SS (Street and Number or	Rural Route Nur							
	Fairhaven  Box 1000 7200 Third Avenue Sykesville, Maryland  20a. METHOD OF DISPOSITION  1 Burlel 2 Differention 3 Removal from State  4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICENSEE  Bruan S. Haicht  1 Box 1000 7200 Third Avenue Sykesville, Maryland  20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or Place of Disposition (Name of cemetery, cremetory or Place of Disposition (Name of cemetery, cremetory or Place of Disposition (Name of cemetery, cremetory or Place of Disposition (Name of cemetery, cremetory or Place of Disposition (Name of cemetery, cremetory or Place of Disposition (Name of cemetery, cremetory or Place of Disposition (Name of cemetery, cremetory or Place of Disposition (Name of cemetery, cremetory or Place of Disposition (Name of cemetery, cremetory or Place of Disposition (Name of cemetery, cremetory or Place of Disposition (Name of cemetery, cremetory or Place of Disposition (Name of cemetery, cremetory or Place of Disposition (Name of cemetery, cremetory or Place of Disposition (Name of cemetery, cremetory or Place of Disposition (Name of cemetery, cremetory or Place of Disposition (Name of cemetery, cremetory or Place of Disposition (Name of cemetery, cremetory or Place of Disposition (Name of cemetery, cremetory or Place of Disposition (Name of cemetery, cremetory or Place of Disposition (Name of cemetery, cremetory or Place of Disposition (Name of cemetery, cremetory or Place of Disposition (Name of cemetery, cremetory or Place of Disposition (Name of cemetery, cremetory or Place of Disposition (Name of cemetery, cremetory or Place of Disposition (Name of cemetery, cremetory or Place of Disposition (Name of cemetery, cremetory or Place of Disposition (Name of cemetery, cremetory or Place of Disposition (Name of cemetery, cremetory or Place of Disposition (Name of cemetery, cremetory or Place of Disposition (Name of cemetery, cremetory or Place of Disposition (Name of cemetery, cremetory or Place of Disposition (Name of cemetery, cremetory or Place of Disposit										
CERTIFICATION	Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury		omai Clemente	a			Interval Betwee				
MEDICAL	PART II. Other significent conditions contributing to death bu	t not resulting in the	underlying cause give	on in Part I.	I. 24a. WAS AN AUTOPSY PERFORMED?  1 YES 2 X NO		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO				
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		26. PLACE OF DEAT	'H (Check only	one)						
YSIC	1   YES 2   40   1   Inpatient 2   ER/Outpa		lursing Home 5 - Resid								
	27. MANNER OF DEATH  1	25b. TIME OF INJURY M	28c. INJURY AT WORK?  1 YES 2 N	-	EŞCRIBE HOW IN	JURY OCCUR	ED				
TED BY	E   Padition	At home, farm, street, f	actory, office	251. LC	CATION (Street at y or Town, State)	nd Number or F	iural Route Number,				
COMPLETED	29s. CERTIFIER (Check only one)  2 MEDICAL EXAMINER: On the best of examination						use(a) and manner as stated.				
BE	256. SIGHIGHER AND TITLE ON CONTIPIER MAD		29c. LICENS				ONED (Morety Day, Vaser)				
TO	30. NAME AND ADDRESS OF PERSON AND COMPLETED CAUSE OF DEA	TH (ITEM 27) (Type, Print)					11 × 0				

permit. Pages 1, 2, 3 should

TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the bunding physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit labe filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

BE

2

1 YES 2 NO

27. MANNEB OF DEATH

1 Natural

FOR STATE REGISTRAR		STATE OF I	MARYLAND /		ICATE			MENTA	L HYGIEN				
1. DECEDENT'S NAME (First, ESTH			L	ASSE	R				OF DEATH	1990	YEAR	3. TIME OF 3:4.	DEATH 5 PM
4. SOCIAL SECURITY NUMBER 114-14-9321	DER	5. SEX 1	6. AGE (In yrs. In:	yrs.	IF UNDER 1 Y	EAR IF U	NOER 24 HRS	7. DATE	OF BIRTH	1903	ROC	PLACE (SIM)	e or Foreign
9a. FACILITY NAME (If not in POTOMAC VAI	LEY N		ENTER		9ь. city, то RO	WN OR LO		DEATH		9c. COUNT		eath OMERY	
100. STATE W YORK FLORIDA	10b. COUNT	ADE MONRO	3		TY, TOWN OR L		PITI	SFORD				10d. INSIDI	E CITY B? 2 X NO
10e. STREET AND NUMBER 240 174	240 174 th STREET 20 STONINGTON DRIVE 14534						EN OF WHAT COUNTRY?						
11. MARITAL STATUS  1 Never Married 2 Married  3 XXVIdowed 4 Divorced  12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR				NO	If w	s, specify		ican, Puarto	N? (Specity Ye Rican, etc.)	e or No—	14. RACI Blaci Spec	E — America k, Whita, etc. #y:	HITE
(Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5 +)				ECEDENT'S live kind of a Do NOT u	S USUAL OCCU work done during see retired.)	PATION ng most of v	vorking	16	18b. KIND OF BUSINESS/INDUSTRY HOME				
17. FATHER'S NAME (First, M MORRIS			SUSKI	ND		16.		NAME (First,	Middle, Maide	n Surname) GOO	DMA	N	
196. INFORMANT'S NAME (I CLAYTON  206. METHOD OF DISPOSIT \$\frac{1}{2}\$ Buriet 2 \( \square\) Cremetic	LASS		20b. PLACE other p	20 S of DISPO	TONING	TON of cometary	DR: P	ITTSF	ORD , 1	NEW YO	RK Sity or To		
4 Donation 5 Other		Day S	GIN.	HOPE	DAN	ZANS		LDBER	G MEMO	ROCHES ORIAL CKVILL	СНА	PELS	
23. PART I. Enter the d shock, or h IMMEDIATE CAUSE (Fir disease or condition resulting in deeth)	aart fellure	. Liet pnly one of	Caused the duse on sech lin	new	- A	e mode o	f dylng, s	uch as cal	rdiac pr resp	piratory arre	est,	inter	roximata val Betwee et and Deat
Sequentielly list condit if eny, leading to imme cause. Enter UNDERLY CAUSE (Disease or Inju that Initiated events resulting in death) LAS	diete ING ury	c	O (OR AS A CONSE										
PART II. Other algorifica	ent condition	one contributing to	death but not	resulting	In the unde	rlying ce	use given	in Part I.		N AUTOPSY DRMED? 2XXVO	241	AWAILABLE	ON OF CAUSE
25. WAS CASE REFERRED T	O MEDICAL	HOSPITAL			Lorum	26. PLACE	OF DEATH	(Check only o	one)				

2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide

26b. TIME OF

29b. SIGNATURE AND THILE OF CERTIFIER

28c, INJURY AT WORK?

1 YES 2 NO

28d. DESCRIBE HOW INJURY OCCURED

HOSPITAL:
1 | Inpetient 2 | ER/Outpetient 3 | DOA

25s. DATE OF INJURY (Month, Day, Year)

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## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR											
1. DECEDENT'S NAME (First, Middle, Lest)  Faust	J.	Lunar	dini				MON	e of death th 10	, 199	YEAR	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. Is		IF UNDER	1 VEAD	IF UNDER 24 HI		E OF BIRTH	, 100		PLACE (State or Foreig
168-28-5420	1 (XM 2 □ F	85	YRS.	MONTHS	DAY\$	HOURS MI	(Moi	10-04		Countr	taly
9a. FACILITY NAME (If not institution, give street and number)				9b. CITY	, TOWN	OR LOCATION O	F DEATH		9c. COU	c. COUNTY OF DEATH	
Rockville Nursing Home					Rockville Montgomer					mery	
10s. STATE 10b. COUNT	TY .		10c. CIT	Y, TOWN C	OR LOCAT	TION					10d. INSIDE CITY LIMITS?
Md. Mon	ntgomery			Po	toma	ac					1 YES 2 X NO
10e. STREET AND NUMBER					101	. ZIP CODE			10g. CIT	IZEN OF W	VHAT COUNTRY?
11708 Beekman Place						2081				US	
11. MARITAL STATUS 1 Never Married 2 X Married 3 Divorced	12. WAS DECEDENT FORCES? 1 [ IF YES, OIVE WA	YES 2 X			it yes, sp	ecify Cuban, March 2 X NO S	xican, Puarte	IN? (Specify Ye Ricen, etc.)	s or No-		— American Indian, t, White, etc.
16. DECEDENT'S EDU (Specify only highest grade	JCATION le completed)	(	DECEDENT'S	work done	during mo	ON ast of working	10	b. KIND OF BU	ISINESS/INC	DUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)		њ. Do NOT u Retai					Tobacc	o Co		
17. FATHER'S NAME (First, Middle, Last)						18 MOTHER	_	Middle, Meider		_	
	unardini					1/2			. 11		
	Juararul			45				amboli			
19a. INFORMANT'S NAME (Type/Print)		1				and Number or R					
Eleanor Burdet	tte	-			_			c, Md.	208	14	
20s. METHOD OF DISPOSITION  1 XBurial 2 Cremetion 3 Ren	movel from State	20b. PLACI	E OF DISPO	SITION (Na	ame of cer	metery, crematory	or		OCATION -		
4 Donation 5 Other (Specify)	- Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Cont			Heav	en (	Cemeter	У	Was	hingt	on C	County, P.
23. PART I. Enter the diseases, or shock, or heart failure.	. List only one caus	se on each lin	ne.	51	30 V	da of dying,	such as ca	e. N.W	oiratory an	reat,	Approximate Interval Bety Onset and D
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Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Please or injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions.  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined  29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER  29b. SIGNATURE AND TITLE OF CERTIFIER  29b. 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	-1	MONTHS DAYS HOURS MIN. (Month, Day, Year)							S. BIRTHI Country	PLACE (State or Foreign	
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١.		9a. FACILITY NAME (If not institution, give st	treet and number)		9b. (	CITY, TOWN O	R LOCATION OF D	EATH	9c. COU	NTY OF DE	ATH
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0	R H	19a. INFORMANT'S NAME (Type/Print)	AL Y	40b N	AAH ING ADDE	DESS /Street a		Route Number, City or You		Control	
1	2										0007.5
	- 1	Emily M. Gray 7205 Millwood Road, Bethesda, Maryland 20817  20e. METHOD OF DISPOSITION (Name of commetory, crematory or 20c. LOCATION — City or Town, State									
		1 Buriel 2 X Cremation 3 Rem	oval from State	other place)	)						
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Γ		23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory srrest, shock, or heart fellure. List only one cause on each line.								Approximate Interval Between Onset and Daeth	
		IMMEDIATE CAUSE (Final disease or condition resulting in death)  a. CAUSE (Final Disease or condition as a bonseouence of):									1h/
100	NO.	Sequentially list conditions, if any, leading to immediate	bDUE TO (OR AS	A CONSEQUE	ENCE OF):						
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	Ē	resulting in death) LAST	d.								
. 6	5	DART II Ohne I silled a series									
	4	PART II. Other significant condition	s contributing to death i	but not res	ulting in the	a undarfying	g cause given in	Part I. 24a. WAS AI PERFO		24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
1	PHYSICIAN: MEDICA	JAUNDICE						1 🗆 YES	2 1 NO		OF DEATH?  1 YES 2 NO
	N										
1	5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTI	28, PL HER:	ACE OF DEATH (C	heck only one)			
	2	1 VES 2NO NO	1 Inpatient 2 ER/Out	ipatient 3 🗆	DOA AX	Nursing Hom	e 5 🗆 Residence	5 Other (Specify)			
	E	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Yber)	2	25b. TIME OF INJURY	28c. INJ WO	URY AT	28d. DESCRIBE HOW	INJURY OC	CURED	
	BY	1 Natural 5 Pending 2 Accident Investigation			0.000		YES 2 NO				
1	9	2 Necrosit 3 Suicide S Could not be datermined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)					281. LOCATION (Street City or Yown, State	and Number	or Rumi R	loute Number,	
	COMPLET		CIAN: To the best of my know								and manner as sisted
3	5	29b. SIGNATURE AND TITLE OF CERTIFIE		CONTRACTOR OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE	-		29c. LICENSE NU				(Month, Day, Year)
1 1	10 II						TAN PLANIE MA		I cod. DAI	- AIRINED	tenneral mak test

TO BE

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

12. REGISTRAR'S SIGNATURE

12. A Davidson Randoll

1-9.90

M.D. 208321

23124

MD

Hannon,

Dennis M.

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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	-1	0	Z
	3	A	2
	PITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	:RAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by	10

	1 - FOR STATE REGISTRAR	ATE OF MARYLAN	D / DEPARTM			MENTAL	HYGIENE REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)				24/111	HTHOM	OF DEATH DAY	YEA	
	Preston 4. SOCIAL SECURITY NUMBER 5. SE	M.	Mars		1.000		-20-9		M
- 1		SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF B MONTHS DAYS HOURS MIN. (Month, Day)						B. Bi	RTHPLACE (State or Foreign cuntry)
	215-12-7931 1X  9a. FACILITY NAME (If not institution, give street en					02-21	De COUNTY O	eale, MD	
DIRECTOR	5861 Rockhold C	reek Road	Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Commit						rundel
Į Ļ	10e. STATE 10b. COUNTY		10c. CITY, 10	WN OR LOCATI	ON				10d. INSIDE CITY LIMITS?
5	MD Anne A	rundel	Deale						1 YES 2 NO
BY FUNERAL	10e. STREET AND NUMBER				ZIP CODE		10	g. CITIZEN (	F WHAT COUNTRY?
H	5861 Rockhold Co	reek Road			20751			USA	
5	11. MARITAL STATUS 12. W	AS DECEDENT EVER IN U.		13. WAS DECE	NDENT OF HISPAI	NIC ORIGIN?	(Specify Yes or	No- 14. R	ACE — American Indian,
	IF	YES, GIVE WAR OR DATE	s NO		cify Cuben, Mexica 2 🙀 NO Specif		icen, atc.)		llack, White, etc.
	3 Wildowed 4 Divorced	WWII			X				White
3	15. DECEDENT'S EDUCATION (Specify only highest grade comple	(ted)	(Give kind of work of life. Do NOT use red	AL OCCUPATIO	N t of working	16b.	KIND OF BUSINE	SS/INDUSTR	Υ
4	Elementary/Secondary (0-12) Coffe	ege (1-4 or 5+)	life. Do NOT use red	red.)	ni serie				
E	12		Carpeni	rv			Boati	na	
COMPLE	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA				
20	Robert Alphonso	Marshall			Rosa E	Ella	Rogers	5	
	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING ADD	RESS (Street ar	d Number or Rural	Route Numbe	w, City or Town, S	tate, Zip Code	)
-	Dora A Sherbert		5861	Rockh	old Cr	ook 1	Bood	Donl	o MD
	20a. METHOD OF DISPOSITION  1	20b. Pl	LACE OF DISPOSITIO	N (Name of cem	etery, cremetory or				r Town, Stata
	4 Donation 5 Other (Specify)	St	James (	emete	ery		Lot	hian	, MD
	21. SIGNATURE OF JUNERAL SERVICE LICENSEE	1			D ADDRESS OF FA				
- 1	> Thomas / No	dot			esty Fu				eville MD
CERTIFICATION	IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	DUE TO (OR AS A CO	ONSEQUENCE OF):	Is. efec	splan	gus	JU;	4	Onsat and Death
PHTSICIAN: MEDICAL C	PERFOR						24a, WAS AN AUTPERFORME 1 YES 2	ORMED? AMAILABLE PRIOR TO COMPLETION OF CAUSE	
2	25. WAS CASE REFERRED TO MEDICAL			9.6 84	ACE OF DEATH (C)				
2	EXAMINER? HOS	SPITAL:		HER:					
2		npetient 2 - ER/Outpetic	28b. TIME OF	Nursing Home	5 Residence			DV CONIDE	
	1 Natural 8 Pending	(Month, Day, Year)	INJURY	WO	PIC?	260. DE\$	CRIBE HOW INJU	HT OCCOME	
à	2 Accident Investigation	284 PLACE OF INJURY -	At home form stood		ES 2 NO	201 1 004	TIOM (Owner and	M	- I Barta Marahar
3	3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)  28e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)								rai rioute Number,
COMPLEIED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: 2 MEDICAL EXAMINER: On								se(s) end menner ee stated.
	295 SIGNATURE AND TITLE OF CERTIFIER	. 0			29c. LICENSE NU	MBER	21	d. DATE SIG	NED (Month, Day, Year)
מ	Sary M. R.	charle	en. M.	0	D17	250		0	22, 1990
2	30 NAME AND ADDIESS OF PERSON WHO COM	PLETED CAUSE OF DEATH	(ITEM 27) (Type, Prin	)	-1/6			Jus	1 ///
	GARYM, RichARde	on, MD/04	Forhes		of AN	NA	polis	md.	2140/
		Fuha Davidson							•

ALIVA

TO BE COMPLETED BY FUNERAL DIRECTOR

1 - STATE REGISTRAR		STATE OF M			RTMENT				MENTA		E		
1. DECEDENT'S NAME (First,	Mickelle, Last)		- CL	-11111	ICAIL	. Or	DEA	I II	2 DAT	REG. NO.		an I	3. TIME OF DEATH
Nanni	е	Lee		McI	Neil				MON	TH DA	ĭ15,	1989	5;45 P
4. SOCIAL SECURITY NUME		5. SEX	8. AGE (In yrs. les	t birthday)			IF UNDER	1		OF BIRTH		8. BIRTHE	PLACE (State or Foreign
217-88-29	79	1 M 2 X F	86	YAS.	MONTHS	DAYS	HOURS	MIN.	01-	-26-03			ginia
9a. FACILITY NAME (If not in	stitution, give a	street and number)			9b. CITY,	TOWN O	R LOCATI	ON OF D	EATH		9c. CO	UNTY OF DE	ATH
Physicians	Memo	rial Ho	spital		La	P1a	ta				Ch	arle	S
RESIDENCE OF DEC	10h COUNT	v		100 017	Y, TOWN O	BLOCAT	1001						and things over
Maryland	1021 000111	•											10d. INSIDE CITY LIMITS?
100. STREET AND NUMBER	Char	res		Ln	dian	_	ad zip cop				40 00		1 ☐ YES XX NO
	Box 4	36				101			/ 0				
11. MARITAL STATUS	DUX -		EVER IN U.S. AR	MED	12 1	MAS DEC		2064		N2 (Specify Vec		U.S.	A .  — American Indian,
						White, etc.							
15. DEC	EDENT'S EDU	CATION	16e. DE	CEDENT'S	USUAL OC	CUPATIO	DN .		16	b. KIND OF BUS	INESS/IN	IDUSTRY	WIIICC
Elementary/Secondary (0	1	College (1-4 or 5+)	Ma	Do NOT u	work done d ise retired.)	turing mo	at of workii	ng					
9			Но	me l	Make	r				At Ho	me		
17. FATHER'S NAME (First, M		2								Middle, Maiden			
Willia	m Hog	gge Osbo	ne				Ma	ry I	Dock	kery			
N. Ruby M		7								nber, City or Town			20662
28g METHOD OF DISPOSIT			20b. PLACE						IV č	njemo		- City or Tow	
1 N Buriel 2 Cremetic		ovel from State	other pli	nce)					eter	-			Maryland
21. SIGNATURE OF FUNERA	L SERVICE LI	CENSEE	7	3	22.1	NAME AN	ID ADDRE	SS OF FA	CILITY				ial y land
* Mich	houl	10. to	mo	-0						1 Hom land		Inc. 646	
23. PART I. Enter the d	Iseases, Dr	complications that	caused the de	eth. Do									Approximate
ahock, or h  IMMEDIATE CAUSE (Fir  disease or condition resulting in death)		List only one caus	,		herr	t	Leve	en	u				Interval Between Onset and Death
		DUE TOP	OR AS A CONSEC	DUENCE O	OF):	0							
Sequentially list condit if any, leading to imme			OR AS A CONSE		OF):	01				_			
cause. Enter UNDERLY	ING	hugas	rtens	me	ca	si	m	12	pho	Ly			
CAUSE (Disease or Injuthat initiated events		but to (	OR AS A CONSE	DUENCE O	P):		0	1		0			
resulting in death) LAS	ı	d								87			
PART II. Other algnifice	nt condition	na contributing to d	leath but not r	esulting	in the un	deriving	COURA	olven in	Part I	24a. WAS AN	ALITORES	v   24b	WERE AUTOPSY FINDINGS
			oddii dat iidt i	ossiting	m die di	derrying	7 00000	A. A. O. I. III		PERFOR	MED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
									_	1 TES 2	□ NO		DF DEATH?
				_									1 TYES 2 NO
25. WAS CASE REFERRED-T	O MEDICAL												
EXAMINER?	OMEDICAL	HOSPITAL:			OTHER	<b>1</b> :	ACE OF E					100	
27. MANNER OF DEATH		1 26e, DATE OF I		26b. T/8	-	ling Hom 26c. INJ		ealdence		er (Specify)	N HIRV O	CCUBED	
1 Netural 5	Pending Investigation	(Month, De			JURY		RK?	NO	200.00	ESCHIBE HOW I	nount O	CORED	
2 - 200	Could not be	28e. PLACE OF	INJURY — At ho	me, ferm,	street, fact	ory, offic				CATION (Street		er or Rural R	loute Number,
	determined	punding, e	tc. (Specify)						Gir	y or Town, State)			
29a. CERTIFIER 1 CERT	TIFYING PHYS	ICIAN: To the best of r	ny knowledge, de	ath occur	red at the ti	me, date	and place	e, and due	a to the o	euse(a) and mar	iner se si	taled.	
one)		Water State Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Comm											) and menner as stated.
296. SIGNATURE AND TITLE	OF CERTIFIE	R						ENSE NU	MBER		29d. D/	TE SIGNED	(Month, Day, Year)
30. NAME AND ADDRESS O	E DEDCOM IN	O COMPLETED CALL	E OF DEATH !	141	),		D02					1-1	16-90
	arcia	1 1 1	E OF DEATH (ITE	м 27) (Тур	P		Bo		M = ===	vland	200	1.6	
31. DATE FILED (Month, Day,	Year)	32. REGISTRAF	'S SIGNATURE	50 -		d P	Tar	2		Land	206	14.0	
JAN 1	6 '90	Julia	Davidson	-Mana	مالك								

BALTIMORE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, be filed within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burial, cremation, or remoral. IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DHMH-16 Rev 1/89

DIVISION OF VITAL RECORDS, P.O. BOX 13146,	BALTIMORE, MARYLAND
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a first death. Page 6 may be retained by the hos	er death. Page 6 may be retained by the ho
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach he filed within 72 hours after death with the State Dent. of Health and Mental Miglene prior to burial, cremation, or removal.	the funeral director, page 5 should be detacted.
IMPORTANT: It liem 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	i examiner must be notified at once

								90	0195
	1 - FOR STATE OF MARYL REGISTRAR		TMENT OF I			TAL HYGIEN	E		
	1. DECEDENT'S NAME (First, Middle, Last)  Name Y ME Cour M	** 12	10/112 01	52,711	2. 0	DATE OF DEATH	199	EAR	11ME OF DEATH
		SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR III				ATE OF BIRTH Worth, Day, Year)	6.	-	CE (State or Foreign
OR	9a. FACILITY NAME (If not institution, give street and number)  9b. CITY, TOWN OR LOCATION OF DEATH  9c. COUNTY OF DE								
DIRECTOR	10a. STATE 10b. COUNTY	10c. CIT	Y, TOWN OR LOCA	TION P	bir K				I. INSIDE CITY LIMITE? YES 2 NO
	10e. STREET AND NUMBER			1. ZIP CODE	1361				COUNTRY?
BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced  12. WAS DECEDENT EVER 1. FORCES? 1 YES 1. YES 1. YES 1. YES 1. YES 1. YES 1. YES 1. YES 1. YES 1. YES 1. YES 1. YES 1. YES 1. YES 1. YES 1. YES 1. YES 1. YES 1. YES 1. YES 1. YES 1. YES 1. YES 1. YES 1. YES 1. YES 1. YES 1. YES 1. YES 1. YES 1. YES 1. YES 1. YES 1. YES 1. YES 1. YES 1. YES 1. YES 1. YES 1. YES 1. YES 1. YES 1. YES 1. YES 1. YES 1. YES 1. YES 1. YES 1. YES 1. YES 1. YES 1. YES 1. YES 1. YES 1. YES 1. YES 1. YES 1. YES 1. YES 1. YES 1. YES 1. YES 1. YES 1. YES 1. YES 1. YES 1. YES 1. YES 1. YES 1. YES 1. YES 1. YES 1. YES 1. YES 1. YES 1. YES 1. YES 1. YES 1. YES 1. YES 1. YES 1. YES 1. YES 1. YES 1. YES 1. YES 1. YES 1. YES 1. YES 1. YES 1. YES 1. YES 1. YES 1. YES 1. YES 1. YES 1. YES 1. YES 1. YES 1. YES 1. YES 1. YES 1. YES 1. YES 1. YES 1. YES 1. YES 1. YES 1. YES 1. YES 1. YES 1. YES 1. YES 1. YES 1. YES 1. YES 1. YES 1. YES 1. YES 1. YES 1. YES 1. YES 1. YES 1. YES 1. YES 1. YES 1. YES 1. YES 1. YES 1. YES 1. YES 1. YES 1. YES 1. YES 1. YES 1. YES 1. YES 1. YES 1. YES 1. YES 1. YES 1. YES 1. YES 1. YES 1. YES 1. YES 1. YES 1. YES 1. YES 1. YES 1. YES 1. YES 1. YES 1. YES 1. YES 1. YES 1. YES 1. YES 1. YES 1. YES 1. YES 1. YES 1. YES 1. YES 1. YES 1. YES 1. YES 1. YES 1. YES 1. YES 1. YES 1. YES 1. YES 1. YES 1. YES 1. YES 1. YES 1. YES 1. YES 1. YES 1. YES 1. YES 1. YES 1. YES 1. YES 1. YES 1. YES 1. YES 1. YES 1. YES 1. YES 1. YES 1. YES 1. YES 1. YES 1. YES 1. YES 1. YES 1. YES 1. YES 1. YES 1. YES 1. YES 1. YES 1. YES 1. YES 1. YES 1. YES 1. YES 1. YES 1. YES 1. YES 1. YES 1. YES 1. YES 1. YES 1. YES 1. YES 1. YES 1. YES 1. YES 1. YES 1. YES 1. YES 1. YES 1. YES 1. YES 1. YES 1. YES 1. YES 1. YES 1. YES 1. YES 1. YES 1. YES 1. YES 1. YES 1. YES 1. YES 1. YES 1. YES 1. YES 1. YES 1. YES 1. YES 1. YES 1. YES 1. YES 1. YES 1. YES 1. YES 1. YES 1. YES 1. YES 1. YES 1. YES 1. YES 1. YES 1. YES 1. YES 1. YES 1. YES 1. YES 1. YES 1. YES 1. YES 1. YES 1. YES 1. YES 1. YES 1. YES 1. YES 1. YES 1. YES 1. YES 1. YES 1. YES 1. YES	2 NO	If yea, a	ecify Cuban,		RIOIN? (Specify Yes arto Rican, atc.)	or No- 14	S.A.  RACE — A Black, Wh  Specify:  AUCAS	American Indian, hite, etc.
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5 +)	ON ost of working		16b. KIND OF BU			Tan		
OMF	17. FATHER'S NAME (First, Middle, Last)	12+ Homemaker Her's NAME (First, Middle, Last) 18. M					Surname)		
BEC	Robert Marlow				The	1ma	Gower		
70	19e. INFORMANT'S NAME (Type/Print) Cynthia M. Felmar		ADDRESS (Street						21146
	20s. METHOD QF-DISPOSITION 1   Burlal 2 A Cremeton 3   Removed from State   Qther place) 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or qther place)						CATION CIT	y or Town, I	Dtata
	A Doneston 5 Other (Specify) Metro Crematory Baltimore, Maryland  21. SIGNATURE OF FUNERAL BERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY 495 Ritchie Highway Severna Park, Maryland 21146								
	23. PART i. Enter the diseases, or complications that ceuse shock, or heart failure. List only one cause on immediate CAUSE (Final disease or condition	ed the death. Do	not enter the m	ode of dyin	g, auch as	cardiac or reap	iratory arrea	it,	Approximate interval Between Onset and Desth
N	DUE TO (OH) AS A CONSEQUENCE OF):  S. DUE TO (OH) AS A CONSEQUENCE OF):  CREATE								
CERTIFICATION	Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST								
BY PHYSICIAN: MEDICAL CE	PART II. Other significant conditions contributing to death  McCurcled		in the underlyi	ng ceuse gi	ven in Part	1 24a. WAS AN PERFO	RMED?	CO	THE AUTOPSY FINDINGS ALABLE PRIOR TO MPLETION OF CAUSE DEATH?  YES 2 NO
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO 1 Input 1 2 ER/OU	tpatient 3 DOA	OTHER:	PLACE OF DE					
3Y PHY	27. MANNER OF DEATH  1 Netural 5 Pending (Month, Day, Year)  2 Accident Investigation						r (Specify) CRIBE HOW INJURY OCCURED		
		tY — At home, farm, ecify)	At home, farm, street, factory, office 28f.				28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)		
COMPLETED	29a. CERTIFIER (Check only one)  29a. CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.  2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.								
BE C	29b. SIGNATURE AND TITLE OF CENTURES	Be	A.	29c. LICO	SE NUMBER	((1)	29d. DATE 1	SIGNATO (M)	Day, Year)

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE
Julia Davidson-Randall

DHMH-16 Rev 1/89

2

31. DATE FILED (Month, Day, Year)

BALTIMORE, MARYLAND 21203-3	THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within As after death. Page 6 may be retained by the hospital or attending	TO THE FUNERAL DIRECTOR; After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If tem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	Sirs	ion, or re	the med
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	executed within	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the 1 be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	matic event,
BOX	ficate be	physician ne prior 1	her trau
P.0.	eath certi	attending ntal Hygie	y, or ot
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ECO	requires t	en signe of Health	shows a
FAL F	The law	ate Dept.	em 23
F VI	SICIAN:	certification the St	d, or It
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VISIC	R ATTENC	RECTOR:	m 28 is
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	THE HOS	THE FUNI	ORTAN
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FOR STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR	CERTIFICATE OF DEATH	REG. NO.	
	1. DECEDENT'S NAME (First, Middle, Last) LOUISE M.	MCGRIER	2. DATE OF DEATH MONTH	YEAR 9 9 2 M
		GE (In yrs. lisst birthday) IF UNDER 1 YEAR IF UNDER 24 HR WONTHS DAYS HOURS MIN	8. 7. DATE OF BIRTH	8. BIRTHPLACE (State or Foreign Country)
۳ ا	88. FACILITY NAME (If not institution, give street and number) 3832 Regency PKWY	96. CITY, TOWN OR LOCATION OF SUITH And	DEATH 9c, COUN	TY OF DEATH
	RESIDENCE OF DECEDENT	10c. CITY, TOWN OR LOCATION	1/1(/	10d. INSIDE CITY
DIR	MARYLAND PRINCE GEORGE	e's suitland		1 YES 2 XNO
FUNERAL DIRECTOR	3832 REGENCY PA	ekway 20%	146 U	EN OF WHAT COUNTRY?
BY FUN	11. MARITAL STATUS  1 Nover Married 2 Married  STAT Widowed 4 Divorced	ES 2 NO If yes, specify Cuban, Me	xican, Puerto Rican, etc.)	14. RACE — American Indian, Black, White, atc.
	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working	16b. KIND OF BUSINESS/INDI	USTRY
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 8 +)	ine. Do NOT use retired.)  CASHIER	U.S. ARM.	y Post
	17. FATHER'S NAME (First, Middle, Last)  LOY & MONRO  MONRO	18. MOTHER'S	NAME (First, Middle, Maiden Sumame)	EV
BE	19a. INFORMANT'S NAME Type/Print)	19b. MAILING ADDRESS (Street and Number or Re	110 1 10 0	
5	JANICE TAFT	3832 REGENLY	PKWY. Suit	laud, MD
	20e_METHOD OF DISPOSITION 115 Burlai 2 □ Cremation 3 □ Removal from State 4 □ Donation 8 □ Other (Specify)	ARING TON NATIO	NAL H. MY	ER, VA.
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	22. NAME AND ADDRESS OF GREENE	FUN. HOME	DEIA VA
	23. PART I. Enter the diseases, or complications that cau shock, or heart failure. List only one cause or	sed the death. Do not enter the mode of dying,	such as cardiac or respiratory arm	
				Interval Batween Onset and Death
- 0	nur TO (OR 4	In a confection of		
IFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	Pulmony Arekes +  AS A CONSEQUENCE OF):  AS A CONSEQUENCE OF):  AS A CONSEQUENCE OF):	S Disease	
CERTIFICATION	If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	o A CONDECOLINE OF J.	s Disease	
	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	AS A CONSEQUENCE OF):		24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEDICAL	If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	AS A CONSEQUENCE OF):	I In Part I. 24a, WAS AN AUTOPSY PERFORMED?	AMILABLE PRIOR TO COMPLETION OF CAUSE
MEDICAL	If smy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant conditions contributing to deet	AS A CONSEQUENCE OF):  th but not resulting in the underlying cause given  26. PLACE OF DEATH	1 In Part I, 24a. WAS AN AUTOPSY PERFORMED?  1 YES 2 NO	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEDICAL	If smy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant conditions contributing to deet  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO HOSPITAL: 1 Inpatient 2 ERAMINER	26. PLACE OF DEATH Outpetient 3 □ DOA 4 □ Nursing Home 5 Resident	1 In Part I.  24a. WAS AN AUTOPSY PERFORMED?  1  YES 2 NO  (Check only one)	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
PHYSICIAN: M	If smy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant conditions contributing to deet  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO 1 Inpution 2 ERVC 1 Inpution 2 ERVC 27. MANNER OF DEATH  1 Netural 8 Pending	AS A CONSEQUENCE OF):  th but not resulting in the underlying cause given  26. PLACE OF DEATH  Outpetient 3 □ DOA   4 □ Nursing Home 5   Resider  RY   28b. TIME OF   28c. INJURY AT	24a. WAS AN AUTOPSY PERFORMED?  1 YES 2 NO  (Check only one)  100 8 Other (Specify)  28d. DESCRIBE HOW INJURY OCC	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
BY PHYSICIAN: MEDICAL	If smy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant conditions contributing to deet  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  LY YES 2 NO  1 Inpetient 2 ERV  27. MANNER OF DEATH  28. DATE OF INJURY  (Morith, Day, Yes)  2 Accident	26. PLACE OF DEATH Outpetient 3 DOA 4 Nursing Home 5 Resider  RY 28b. TIME OF NURY MORK? 1 YES 2 NO	24a. WAS AN AUTOPSY PERFORMED?  1 YES 2 NO  (Check only one)  100 8 Other (Specify)  28d. DESCRIBE HOW INJURY OCC	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO
BY PHYSICIAN: MEDICAL	If smy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant conditions contributing to deet  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  YES 2 NO 1 Inpatient 2 ERAMINER?  27. MANNER OF DEATH  1 Netural 8 Pending Investigation 3 Suicide 8 Could not be determined  29a. CERTIFIER (Check only Check only Inc. (Check only Inc. (Check only Inc. (Check only Inc. (Check only Inc. (Check only Inc. (Check only Inc. (Check only Inc. (Check only Inc. (Check only Inc. (Check only Inc. (Check only Inc. (Check only Inc. (Check only Inc. (Check only Inc. (Check only Inc. (Check only Inc. (Check only Inc. (Check only Inc. (Check only Inc. (Check only Inc. (Check only Inc. (Check only Inc. (Check only Inc. (Check only Inc. (Check only Inc. (Check only Inc. (Check only Inc. (Check only Inc. (Check only Inc. (Check only Inc. (Check only Inc. (Check only Inc. (Check only Inc. (Check only Inc. (Check only Inc. (Check only Inc. (Check only Inc. (Check only Inc. (Check only Inc. (Check only Inc. (Check only Inc. (Check only Inc. (Check only Inc. (Check only Inc. (Check only Inc. (Check only Inc. (Check only Inc. (Check only Inc. (Check only Inc. (Check only Inc. (Check only Inc. (Check only Inc. (Check only Inc. (Check only Inc. (Check only Inc. (Check only Inc. (Check only Inc. (Check only Inc. (Check only Inc. (Check only Inc. (Check only Inc. (Check only Inc. (Check only Inc. (Check only Inc. (Check only Inc. (Check only Inc. (Check only Inc. (Check only Inc. (Check only Inc. (Check only Inc. (Check only Inc. (Check only Inc. (Check only Inc. (Check only Inc. (Check only Inc. (Check only Inc. (Check only Inc. (Check only Inc. (Check only Inc. (Check only Inc. (Check only Inc. (Check only Inc. (Check only Inc. (Check only Inc. (Check only Inc. (Check only Inc. (Check only Inc. (Check only Inc. (Check only Inc. (Check only Inc. (Check only Inc. (Check only Inc. (Check only Inc. (Check only Inc. (Check only Inc. (Check only Inc. (Check only Inc	26. PLACE OF DEATH Outpetient 3 DOA 4 Nursing Home 5 Resider  RY 28b. TIME OF NURY MORK? 1 YES 2 NO	1 In Part I,  24a. WAS AN AUTOPSY PERFORMED?  1 YES 2 NO  (Check only one)  1 Other (Specify)  28d. DESCRIBE HOW INJURY OCC (Ify or Town, State)  due to the cause(e) and menner as state	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO  CURED  Or Rural Route Number,
BE COMPLETED BY PHYSICIAN: MEDICAL	If smy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant conditions contributing to deet  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  YES 2 NO 1 Inpatient 2 ERAMINER?  27. MANNER OF DEATH  1 Netural 8 Pending Investigation 3 Suicide 8 Could not be determined  29a. CERTIFIER (Check only Check only Inc. (Check only Inc. (Check only Inc. (Check only Inc. (Check only Inc. (Check only Inc. (Check only Inc. (Check only Inc. (Check only Inc. (Check only Inc. (Check only Inc. (Check only Inc. (Check only Inc. (Check only Inc. (Check only Inc. (Check only Inc. (Check only Inc. (Check only Inc. (Check only Inc. (Check only Inc. (Check only Inc. (Check only Inc. (Check only Inc. (Check only Inc. (Check only Inc. (Check only Inc. (Check only Inc. (Check only Inc. (Check only Inc. (Check only Inc. (Check only Inc. (Check only Inc. (Check only Inc. (Check only Inc. (Check only Inc. (Check only Inc. (Check only Inc. (Check only Inc. (Check only Inc. (Check only Inc. (Check only Inc. (Check only Inc. (Check only Inc. (Check only Inc. (Check only Inc. (Check only Inc. (Check only Inc. (Check only Inc. (Check only Inc. (Check only Inc. (Check only Inc. (Check only Inc. (Check only Inc. (Check only Inc. (Check only Inc. (Check only Inc. (Check only Inc. (Check only Inc. (Check only Inc. (Check only Inc. (Check only Inc. (Check only Inc. (Check only Inc. (Check only Inc. (Check only Inc. (Check only Inc. (Check only Inc. (Check only Inc. (Check only Inc. (Check only Inc. (Check only Inc. (Check only Inc. (Check only Inc. (Check only Inc. (Check only Inc. (Check only Inc. (Check only Inc. (Check only Inc. (Check only Inc. (Check only Inc. (Check only Inc. (Check only Inc. (Check only Inc. (Check only Inc. (Check only Inc. (Check only Inc. (Check only Inc. (Check only Inc. (Check only Inc. (Check only Inc. (Check only Inc. (Check only Inc. (Check only Inc. (Check only Inc. (Check only Inc. (Check only Inc. (Check only Inc. (Check only Inc	26. PLACE OF DEATH Outpetient 3 DOA 4 Nursing Home 5 Resider RY 28b. TIME OF NJURY M 1 YES 2 NO URRY — At home, farm, street, factory, office  URRY — At home, farm, street, factory, office  URRY — At home, farm, street, factory, office  unowledge, death occurred at the time, data and place, and sation and/or investigation, in my opinion, death occurred at 29c. LICENSE	Check only one)   24a. WAS AN AUTOPSY PERFORMED?   1   YES 2   NO	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO  CURED  Or Rural Route Number,
PHYSICIAN: MEDICAL	If smy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Neturel 8 Pending Investigation 2 Accident Investigation 3 Suicide 8 Could not be determined 4 Homicide determined  29a. CERTIFIER (Check only One) 2 MEDICAL EXAMINER: On the besis of examination of the besis of examination of the besis of examination of the besis of examination of the besis of examination of the besis of examination of the besis of examination of the besis of examination of the besis of examination of the besis of examination of the besis of examination of the besis of examination of the besis of examination of the besis of examination of the besis of examination of the besis of examination of the besis of examination of the besis of examination of the besis of examination of the besis of examination of the besis of examination of the besis of examination of the besis of examination of the besis of examination of the besis of examination of the besis of examination of the besis of examination of the besis of examination of the besis of examination of the besis of examination of the besis of examination of the besis of examination of the besis of examination of the besis of examination of the besis of examination of the besis of examination of the besis of examination of the besis of examination of the besis of examination of the besis of examination of the besis of the besis of the besis of the besis of the besis of the besis of the besis of the besis of the besis of the besis of the besis of the besis of the besis of the besis of the besis of the besis of the besis of the besis of the besis of the besis of the besis of the besis of the besis of the besis of the besis of the besis of the besis of the besis of the besis of the besis of the besis of the besis of the besis of the besis of the besis of the besis of the besis of the besis of the besis of the besis of the besis of the besis of the	26. PLACE OF DEATH Outpetient 3 DOA 4 Nursing Home 6 Resident RY 28b. TIME OF NURRY AT WORK?  1 YES 2 NO  URY — At home, farm, street, factory, office  URY — At home, farm, street, factory, office  Charter (ITEM 27) (Type, Print)  STIG CRAIN Huy UP	24a. WAS AN AUTOPSY PERFORMED?  1 YES 2 NO  (Check only one)  2ed. DESCRIBE HOW INJURY OCC  2et. LOCATION (Street and Number City or Town, State)  due to the cause(s) and menner as state the time, date and place, and due to the	AMILIABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO  SURED  Or Rural Route Number,  ed. e ceuse(e) and menner se stated.  E SIGNED (Month, Day, Year)

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	1. DECEDENT'S NAME (First, Middle, I	Last)	m. A	. 10		2. DATE OF DEATH	DAY Y	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	sex 6 AG	E (In yrs. lest birthday)	IF UNDER 1 VA	IN THE LANGER 24 HR	7. DATE OF BIRTH	-	30 5:30 A
	128-09-1717	1 □ M 2X□XF	77 YRS.	MONTHS SAT	School and a children in the date.	(Adouble Day Mone)		Country) Italy
1	Se. FACILITY NAME (If not institution,	give street end number)		Sin. CITY, TOW	VN OR LOCATION OF		9c. COUNTY	
15	Bradford Oal			C1:	inton		P.	G.
ECT	RESIDENCE OF DECEDEN  100. STATE 10b. CO		10c. CI	TY, TOWN OR LO	CATION			10d. INSIDE CITY
DIREC	N/A	N/A	V	Washin	gton, D.	C.		LIMITS?
IAL	10s. STREET AND NUMBER				10f. ZIP CODE			N OF WHAT COUNTRY?
FUNERAL	2806 31 <sup>st</sup> St.				2002		US	
BY	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OF	ES XINO	If you		PANIC ORIGIN? (Specify vicen, Puerto Ricen, etc.) ecify:	fee or No— 14	Black, White, etc.  Specify: White
9	15. DECEDENT'S (Specify only highest	EDUCATION grade completed)	16a. DECEDENT'S	work done during		16b. KINO OF E	USINESS/INDUS	
LET	Elementery/Secondary (0-12)	College (1-4 or 5 +)	Homor	maker		07	n Hom	e
COMPL	17, FATHER'S NAME (First, Middle, Las		nomer	maker	18. MOTHER'S	NAME (First, Middle, Maid		
BE C	Calogero Pi					Litteri	on contentey	
0 8	19e. INFORMANT'S NAME (Type/Print)					rel Route Number, City or 1	own, State, Zip Co	ode)
-	Dennis J. M				s 10a-1			
	20a METHOD OF DISPOSITION 2. Burlet 2 Cremation 3	Removal from State	20b. PLACE OF DISPO		ction C		Clint	on, Md.
	4 Donation 6 Other (Specify)  21, SIGNATURE OF FUNERAL STREET		/ R					1 Home, Inc
	· ×	16 m	and	663	3 01d A	lexander 20735	Ferry	Road
NC	IMMEDIATE CAUSE (Finel disease or condition resulting in death)	<b>C</b> b	AS A CONSEQUENCE O	Palis	ie son	forthmio tie & fens	o ib	Interval Betwoen and D
CATION	If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a	AS A CONSEQUENCE (	OF):				
ERTIF	resulting in death) LAST	d						
CERTIFI					lying cause given		AN AUTOPSY	
AN: MEDICAL CERTIFI	PART II. Other eignificant cond	My o cl Hy po	h but not resulting news De Sonic See Thy roid	zine A	un lev	PERF 1 TYES	AN AUTOPSY ORMEO?	AVAILABLE PRIOR TO COMPLETION OF CAU OF DEATH?
AN: MEDICAL CERTIFI	resulting in death) LAST	My o cl fy po	ner's De mic see thy rois	ying &	6. PLACE OF DEATH	PERF 1 YES	ORMEO?	24b. WERE AUTOPSY FIND AMALABLE PRIOR TO COMPLETION OF CAU OF DEATH? 1 YES 2 NO
PHYSICIAN: MEDICAL CERTIFI	PART II. Other eignificant cond	My o cl    Hy po   AL   MOSPITAL:   1   Inpatient 2   ER/O   280. DATE OF INJUIT   1   Month, Dey, Yea	nér's De onic sec My ross Dutpatient 3 DOA	OTHER: 4 Nursing	6. PLACE OF DEATH	(Check only one)  (Check only one)  DOG 6 Other (Specify)  28d. DE\$CRIBE HO	ORMEO?	AWAILABLE PRIOR TO COMPLETION OF CAL OF DEATH?  1 YES 2 NO
D BY PHYSICIAN: MEDICAL CERTIFI	PART II. Other eignificant cond  25. WAS CASE REFERRED TO MEDIC EXAMINER 2 1 YES 2 NO  27. MANNER OF DEATH 1 Netural 6 Pending	My o cl    Hy p o cl   Hy p o cl   Hy p o cl   I Inpatient 2 = ER/C   1   Inpatient 2 = ER/C   28e. DATE OF INJUI   (Month, Dey, Yea   Duilding, etc. (8)	mer's De Sonic Sec Chy ross Dutpatlent 3 DOA RY 28b. Th	OTHER:  A IN Nursing I  ME OF AUGUST  MI 1	8. PLACE OF DEATH Home 5   Residen INJURY AT WORK?	(Check only one)  (Check only one)  DOG 6 Other (Specify)  28d. DE\$CRIBE HO	W INJURY OCCU	AMALABLE PRIOR TO COMPLETION OF CAL OF DEATH?  1 YES 2 NO
ETED BY PHYSICIAN: MEDICAL CERTIFI	PART II. Other eignificant cond  25. WAS CASE REFERRED TO MEDIC EXAMINER?  1 YES 2 NO  27. MANNER TO DEATH  1 Netural 6 Pending Investiga 1 Noural 4 Homicide 8 Could not detarmin  29e. CERTIFIER (Check only 1 CERTIFYING I	My o cl    Hy p o cl   Hy p o cl   Hy p o cl   I Inpatient 2 = ER/C   1   Inpatient 2 = ER/C   28e. DATE OF INJUI   (Month, Dey, Yea   Duilding, etc. (8)	onic Sec  Outpatient 3 DOA  RY 28b. Ti  In  URY — At home, farm,  Specify)  nowledge, death occur	2 IN A	B. PLACE OF DEATH Home 5 Residen INJURY AT WORK? YES 2 NO offlice	(Check only one)  ICHECK ONLY ONE)  ICHECK ONLY ONE)  28d. DESCRIBE HOTO  28f. LOCATION (Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Stree	N INJURY OCCUI	AMALABLE PRIOR TO COMPLETION OF CAL OF DEATH?  1 YES 2 NO  RED  Rural Route Number,
BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFIC	PART II. Other eignificant cond  25. WAS CASE REFERRED TO MEDIC EXAMINER? 1 YES 2 NO  27. MANNER OF DEATH 1 Netural 6 Pending 2 Accident Investiga 3 Suicide 8 Could indetermin  296. CERTIFIER (Check only one) 2 MEDICAL EXJ  29b. SIGNATURE AND TITLE OF CERTIFICAL EXJ	My o Cl    Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o	Dutpatient 3 DOA  BY 28b. Ti  BY 28b. Ti  BY At home, farm,  Specify)  nowledge, death occur  ation end/or investigat	2 IN A	8. PLACE OF DEATH Home 5 Residen INJURY AT WORK? VES 2 NO offlice  dete and place, and on, death occured at 29c. LICENSE	(Check only one)  In the time, date and place,	W INJURY OCCU	AMALABLE PRIOR TO COMPLETION OF CAL OF DEATH?  1 YES 2 NO  RED  Rural Route Number,
E COMPLETED BY PHYSICIAN: MEDICAL CERTIFI	PART II. Other eignificant concessions and a second concessions are referred to medical examiners.  25. WAS CASE REFERRED TO MEDIC EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 6 Pending Investigate 1 Could not detarmine 1 Check only one)  2 MEDICAL EXAMINER.	My o Cl    Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o Cl   Hy o	Dutpatient 3 DOA  BY 28b. Ti  BY 28b. Ti  BY At home, farm,  Specify)  nowledge, death occur  ation end/or investigat	2 IN A	8. PLACE OF DEATH Home 5 Residen INJURY AT WORK? VES 2 NO offlice  dete and place, and on, death occured at 29c. LICENSE	(Check only one)  (Check only one)  ce 6 Other (Specify)  28d. DESCRIBE HOT  City or Town, Sh  due to the cause(e) end in the time, date and place,  NUMBER	W INJURY OCCU	AMALABLE PRIOR TO COMPLETION OF CAI OF DEATH?  1 YES 2 NO  RED  Rural Route Number,  couse(e) end menner as star

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 25 nours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. ITEM \$ 192 PCF FH G-662 4-2-90 Cm IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

1. DECEDENT'S NAME (Fin		1/17 6	on Laman	r McM	IAHEL		2. DATE MONT	OF DEATH	DAY	YEAR GI	3. TIME OF DEATH  21:55 p.m.
4. SOCIAL SECURITY NUA 220-34-/	IBER	5. SEX 1 M 2 G F	6. AGE (In yrs. les	t birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE (Mon	OF BIRTH h, Day, Year)	37	8, BIRTI	IPLACE (State or Foreign
Washington	County		1		Hage vs	OR LOCATION OF I	MI			SLIA	
Maryland	10b. COUNTY	ngton			y, TOWN OR LOCAL						10d. INSIDE CITY LIMITS? 1 X YES 2 NO
100. STREET AND NUMBER 1116 Sunny						01. ZIP CODE 1740				SA	WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 3 Widowed 4 Di		12. WAS DECEDEN FORCES? 1 IF YES, GIVE W U.S.Army	YES 2 N	40	If yes, s	CENDENT OF HISP pecify Cuban, Maxie \$ 2 X NO Spec	en, Puerto		s or No—	14. RACI Blec Spec Whil	E — American Indian, k, White, etc. //y: LEC
Elementary/Secondary		CATION completed) College (1-4 or 5 d	(G.	cedent's ive kind of a Do NOT us		ION rost of working		e kind of Bu		DUSTRY	
17. FATHER'S NAME (First, C. Lamar M.  198. INFORMANT'S NAME  Jeannette	cMahe1	LLEN McM				Margare and Number or Rura e Dr., H	t Ric	ch ober, City or Tox	wn, State, Zi		.0
20a. METHOO OF DISPOS		TELEVI I ICI II				emetery, cremetory or			DCATION -		
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23. PART I. Enter the ahock, or IMMEDIATE CAUSE (F disease or condition resulting in death)  Sequentially list conditions, leading to immicause. Enter UNDERL CAUSE (Disease or intal initiated events resulting in death)  PART II. Other aignifications.	AL SERVICE LIC  All SERVICE LIC  All SERVICE LIC  All SERVICE LIC  All SERVICE LIC  All SERVICE LIC  All SERVICE LIC  All SERVICE LIC  All SERVICE LIC  All SERVICE LIC  All SERVICE LIC  All SERVICE LIC  All SERVICE LIC  All SERVICE LIC  All SERVICE LIC  All SERVICE LIC  All SERVICE LIC  All SERVICE LIC  All SERVICE LIC  All SERVICE LIC  All SERVICE LIC  All SERVICE LIC  All SERVICE LIC  All SERVICE LIC  All SERVICE LIC  All SERVICE LIC  All SERVICE LIC  All SERVICE LIC  All SERVICE LIC  All SERVICE LIC  All SERVICE LIC  All SERVICE LIC  All SERVICE LIC  All SERVICE LIC  All SERVICE LIC  All SERVICE LIC  All SERVICE LIC  All SERVICE LIC  All SERVICE LIC  All SERVICE LIC  All SERVICE LIC  All SERVICE LIC  All SERVICE LIC  All SERVICE LIC  All SERVICE LIC  All SERVICE LIC  All SERVICE LIC  All SERVICE LIC  All SERVICE LIC  All SERVICE LIC  All SERVICE LIC  All SERVICE LIC  All SERVICE LIC  All SERVICE LIC  All SERVICE LIC  All SERVICE LIC  All SERVICE LIC  All SERVICE LIC  All SERVICE LIC  All SERVICE LIC  All SERVICE LIC  All SERVICE LIC  All SERVICE LIC  All SERVICE LIC  All SERVICE LIC  All SERVICE LIC  All SERVICE LIC  All SERVICE  All SERVICE LIC  All SERVICE LIC  All SERVICE LIC  All SERVICE  All SERVICE LIC  All SERVICE LIC  All SERVICE LIC  All SERVICE  All SERVICE LIC  All SERVICE LIC  All SERVICE LIC  All SERVICE  All SERVICE LIC  All SERVICE LIC  All SERVICE  All SERVICE LIC  All SERVICE LIC  All SERVICE LIC  All SERVICE LIC  All SERVICE  All SERVICE LIC  All SERVICE  All SERVICE  All SERVICE  All SERVICE  All SERVICE  All SERVICE  All SERVICE  All SERVICE  All SERVICE  All SERVICE  All SERVICE  All SERVICE  All SERVICE  All SERVICE  All SERVICE  All SERVICE  All SERVICE  All SERVICE  All SERVICE  All SERVICE  All SERVICE  All SERVICE  All SERVICE  All SERVICE  All SERVICE  All SERVICE  All SERVICE  All SERVICE  All SERVICE  All SERVICE  All SERVICE  All SERVICE  All SERVICE  All SERVICE  All SERVICE  All SERVICE  All SERVICE  All SERVICE  All SERVICE  All SERVICE  All SERVICE  All SERVICE  All SERVICE	a. Pale TO DUE TO d. DUE TO d.	Cedar  Cedar  Cedar  Codar  Codar  Codar  Codar  Codar  Codar  Codar  Codar  Codar  Codar  Codar  Codar  Codar  Codar  Codar  Codar  Codar  Codar  Codar  Codar  Codar  Codar  Codar  Codar  Codar  Codar  Codar  Codar  Codar  Codar  Codar  Codar  Codar  Codar  Codar  Codar  Codar  Codar  Codar  Codar  Codar  Codar  Codar  Codar  Codar  Codar  Codar  Codar  Codar  Codar  Codar  Codar  Codar  Codar  Codar  Codar  Codar  Codar  Codar  Codar  Codar  Codar  Codar  Codar  Codar  Codar  Codar  Codar  Codar  Codar  Codar  Codar  Codar  Codar  Codar  Codar  Codar  Codar  Codar  Codar  Codar  Codar  Codar  Codar  Codar  Codar  Codar  Codar  Codar  Codar  Codar  Codar  Codar  Codar  Codar  Codar  Codar  Codar  Codar  Codar  Codar  Codar  Codar  Codar  Codar  Codar  Codar  Codar  Codar  Codar  Codar  Codar  Codar  Codar  Codar  Codar  Codar  Codar  Codar  Codar  Codar  Codar  Codar  Codar  Codar  Codar  Codar  Codar  Codar  Codar  Codar  Codar  Codar  Codar  Codar  Codar  Codar  Codar  Codar  Codar  Codar  Codar  Codar  Codar  Codar  Codar  Codar  Codar  Codar  Codar  Codar  Codar  Codar  Codar  Codar  Codar  Codar  Codar  Codar  Codar  Codar  Codar  Codar  Codar  Codar  Codar  Codar  Codar  Codar  Codar  Codar  Codar  Codar  Codar  Codar  Codar  Codar  Codar  Codar  Codar  Codar  Codar  Codar  Codar  Codar  Codar  Codar  Codar  Codar  Codar  Codar  Codar  Codar  Codar  Codar  Codar  Codar  Codar  Codar  Codar  Codar  Codar  Codar  Codar  Codar  Codar  Codar  Codar  Codar  Codar  Codar  Codar  Codar  Codar  Codar  Codar  Codar  Codar  Codar  Codar  Codar  Codar  Codar  Codar  Codar  Codar  Codar  Codar  Codar  Codar  Codar  Codar  Codar  Codar  Codar  Codar  Codar  Codar  Codar  Codar  Codar  Codar  Codar  Codar  Codar  Codar  Codar  Codar  Codar  Codar  Codar  Codar  Codar  Codar  Codar  Codar  Codar  Codar  Codar  Codar  Codar  Codar  Codar  Codar  Codar  Codar  Codar  Codar  Codar  Codar  Codar  Codar  Codar  Codar  Codar  Codar  Codar  Codar  Codar  Codar  Codar  Codar  Codar  Codar  Codar  Codar  Codar  Codar  Codar  Co	Lawn  outh. Do i	Memori  22. NAME MINNI 415 E  not enter the m  F):  CMCCi	AND ADDRESS OF ICH FUNER  Wilson and of dying, su	Blvc	OME i., Ha	gerst	town,	Md. 21740  Approximate interval Betwee Onset and De 24/65  24/65  24/65  24/65  WERE AUTOPSY FINDIN AMALABLE PRIOR TO
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18. DECEDENT'S EDUCATION (Rods) on highest grids conclusions)  Bermandary@secondary (0-12)  Codlege (1-4 or 8+)  Home  17. FATTHER'S HAME (Part, Micola, Last)  JOSEPH AUGUSTA  AND USEWIFE  18. MOTHER'S HAME (Part, Micola, Last)  JOSEPH AUGUSTA  AND WISH 13-5 WIlliamsport, MD 21795  18. MOTHER'S HAME (Part, Micola, Micolan, Surrams)  Lydia Ann Wolford  18. MOTHER'S HAME (Part, Micola, Micolan, Surrams)  Lydia Ann Wolford  18. MOTHER'S HAME (Part, Micola, Micolan, Surrams)  Lydia Ann Wolford  18. MOTHER'S HAME (Part, Micola, Micolan, Surrams)  Lydia Ann Wolford  18. MOTHER'S HAME (Part, Micola, Micolan, Surrams)  Lydia Ann Wolford  18. MOTHER'S HAME (Part, Micola, Micolan, Surrams)  Lydia Ann Wolford  18. MOTHER'S HAME (Part, Micolan, Cally or Twen, State, Surrams)  Lydia Ann Wolford  18. MOTHER'S HAME (Part, Micolan, Micolan, Surrams)  Lydia Ann Wolford  18. MOTHER'S HAME (Part, Micolan, Cally or Twen, State, Surrams)  Lydia Ann Wolford  18. MOTHER'S HAME (Part, Micolan, Micolan, Surrams)  Lydia Ann Wolford  18. MOTHER'S HAME (Part, Micolan, Micolan, Surrams)  Lydia Ann Wolford  18. MOTHER'S HAME (Part, Micolan, Micolan, Surrams)  Lydia Ann Wolford  18. MOTHER'S HAME (Part, Micolan, Micolan, Surrams)  Lydia Ann Wolford  19. Mother Surrams, Surrams, Surrams, Surrams, Surrams, Surrams, Surrams, Surrams, Surrams, Surrams, Surrams, Surrams, Surrams, Surrams, Surrams, Surrams, Surrams, Surrams, Surrams, Surrams, Surrams, Surrams, Surrams, Surrams, Surrams, Surrams, Surrams, Surrams, Surrams, Surrams, Surrams, Surrams, Surrams, Surrams, Surrams, Surrams, Surrams, Surrams, Surrams, Surrams, Surrams, Surrams, Surrams, Surrams, Surrams, Surrams, Surrams, Surrams, Surrams, Surrams, Surrams, Surrams, Surrams, Surrams, Surrams, Surrams, Surrams, Surrams, Surrams, Surrams, Surrams, Surrams, Surrams, Surrams, Surrams, Surrams, Surrams, Surrams, Surrams, Surrams, Surrams, Surrams, Surrams, Surrams, Surrams, Surrams, Surrams, Surrams, Surrams, Surrams, Surrams, Surrams, Surrams, Surrams, Surrams, Surrams, Surrams, Surrams, Surr	
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Donald L.Mellott    Rt.3 Box# 135 Williamsport, MD 21795	ord
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EXAMINER?  1 YES 2 HO  1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)  27. MANNER OF DEATH  1 Natural 5 Pending Investigation 3 Suicide 6 Could not be determined  28a. PLACE OF INJUSTY As home. Issue street. Insularly with the control of the determined of the cause(a) and manner as stated. One)  28a. PLACE OF INJUSTY As home. Issue street, insularly with the cause(a) and manner as stated. One)  28b. CERTIFIER (Check only one)  28c. CERTIFIER (Check only one)  28c. CERTIFIER (Check only one)  28c. CERTIFIER (Check only one)  28c. CERTIFIER (Check only one)  28c. CERTIFIER (Check only one)  28c. CERTIFIER (Check only one)  28c. CERTIFIER (Check only one)  28c. CERTIFIER (Check only one)  28c. CERTIFIER (Check only one)  28c. CERTIFIER (Check only one)  28c. CERTIFIER (Check only one)  28c. CERTIFIER (Check only one)  28c. CERTIFIER (Check only one)  28c. CERTIFIER (Check only one)  28c. CERTIFIER (Check only one)  28c. CERTIFIER (Check only one)  28c. CERTIFIER (Check only one)  28c. CERTIFIER (Check only one)  28c. CERTIFIER (Check only one)  28c. CERTIFIER (Check only one)  28c. CERTIFIER (Check only one)  28c. CERTIFIER (Check only one)  28c. CERTIFIER (Check only one)  28c. CERTIFIER (Check only one)  28c. CERTIFIER (Check only one)  28c. CERTIFIER (Check only one)  28c. CERTIFIER (Check only one)  28c. CERTIFIER (Check only one)  28c. CERTIFIER (Check only one)  28c. CERTIFIER (Check only one)  28c. CERTIFIER (Check only one)  28c. CERTIFIER (Check only one)  28c. CERTIFIER (Check only one)  28c. CERTIFIER (Check only one)  28c. CERTIFIER (Check only one)  28c. CERTIFIER (Check only one)  28c. CERTIFIER (Check only one)  28c. CERTIFIER (Check only one)  28c. CERTIFIER (Check only one)  28c. CERTIFIER (Check only one)  28c. CERTIFIER (Check only one)  28c. CERTIFIER (Check only one)  28c. CERTIFIER (Check only one)  28c. CERTIFIER (Check only one)  28c. CERTIFIER (Check only one)  28c. CERTIFIER (Check only one)  28c. CERTIFIER (Check only one)  28c. CERTIFIER (Check only one)	AUTOPSY FINDI AMLE PRIOR TO PLETION OF CAUS EATH?
1   YES 2   HO   1   Impettent 2   ER/Outpattent 3   DOA   4   Mursing Home 5   Residence 6   Other (Specify)  27. MANNER OF DEATH  1   Netural 5   Pending Investigation 3   Suicide 4   Homicide   Section 1   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Des	YES 2 HO
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1 Netural 2 Accident 3 Suicide 4 Homicide 5 Could not be determined 22sa. PLACE OF BUILDITY At home, farm, stock, making the purpose of the purpose of the purpose of the purpose of the purpose of the purpose of the purpose of the purpose of the purpose of the purpose of the purpose of the purpose of the purpose of the purpose of the purpose of the purpose of the purpose of the purpose of the purpose of the purpose of the purpose of the purpose of the purpose of the purpose of the purpose of the purpose of the purpose of the purpose of the purpose of the purpose of the purpose of the purpose of the purpose of the purpose of the purpose of the purpose of the purpose of the purpose of the purpose of the purpose of the purpose of the purpose of the purpose of the purpose of the purpose of the purpose of the purpose of the purpose of the purpose of the purpose of the purpose of the purpose of the purpose of the purpose of the purpose of the purpose of the purpose of the purpose of the purpose of the purpose of the purpose of the purpose of the purpose of the purpose of the purpose of the purpose of the purpose of the purpose of the purpose of the purpose of the purpose of the purpose of the purpose of the purpose of the purpose of the purpose of the purpose of the purpose of the purpose of the purpose of the purpose of the purpose of the purpose of the purpose of the purpose of the purpose of the purpose of the purpose of the purpose of the purpose of the purpose of the purpose of the purpose of the purpose of the purpose of the purpose of the purpose of the purpose of the purpose of the purpose of the purpose of the purpose of the purpose of the purpose of the purpose of the purpose of the purpose of the purpose of the purpose of the purpose of the purpose of the purpose of the purpose of the purpose of the purpose of the purpose of the purpose of the purpose of the purpose of the purpose of the purpose of the purpose of the purpose of the purpose of the purpose of the purpose of the purpose of the purpose of the p	YES 2 □ HO
3 Suicide 4 Homicide 28a, PLACE OF INJURITY At home, them, should be determined 28a, PLACE OF INJURITY At home, them, should be determined 28b, LOCATION (Street and Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of R	YES 2 HO
PSe. CERTIFIER (Check only one)  2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, data and place, end due to the cause(a) and manner as stated.  2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, data and place, end due to the cause(a) and more cause (a) and more cause (b). SIGNATURE AND TITLE OF CERTUPIER  29d. DATE SIGNED.	YES 2 HO
(Check only one)  2 CERTIFFING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(a) and manner as stated.  2 MEDICAL EXAMIHER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, data and place, end due to the cause(a) and more properties.  29b. SIGNATURE AHD TITLE OF CERTUPIER  29d. DATE SIGNED (Month,	>
	>
	Number,
D00936   ▶ 1-8-90	Number,
30, HAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)	Number,
M.F. Byrkit, M.D., 28 W. Potomac St., Williamsport, MD 21795	Vumber,

the hos	e detache	t once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached has find written 22 hours after death with the State Dect. of Health and Mental Hydlene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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execute	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fine within 72 hours after death with the State Debt. of Health and Mental Motere prior to burial, cremation, or removal.	umatic
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SPITAL (	VERAL C	AT: H H
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND	MENTAL H	YGIENE
CERTIFICATE OF DEATH	R	EG. NO.
	2 DATE OF I	DEATH

FOR STATE REGISTRAR	STATE OF MARYL		TMENT OF H		IENTAL HYGIENI REG. NO.		0 0130
1. DECEDENT'S NAME (First, Middle, Last, BABY BOY MICK				J	2. DATE OF DEATH DATE OF ANUARY 18		3. TIME OF DEATH 9:21 A M
4. SOCIAL SECURITY NUMBER  N/A  9e. FACILITY NAME (If not institution, give	1 🕅 M 2 🗆 F	(In yrs. lest birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS  9b, CITY, TOWN C	F UNDER 24 HRS. HOUTES MIN. 5 19	7. DATE OF BIRTH (Month, Day, Year) 01/18/9(	Cou	MARYLAND
THE JOHNS HOPKI	NS HOSPITAL		BALTIN	ORE CITY		BALTI	MORE
10s. STATE 10b. COUN	RYLAND		TOWN OR LOCAT	MARYLAN	D		10d. INSIDE CITY LIMITS? 1 YES 2 NO
10s. STREET AND NUMBER  203 HILLCREST  11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	AVE  12. WAS DECEOENT EVER IF FORCES? 1 1 YES IF YES, GIVE WAR OR D.	2 X NO	13. WAS DEC			U.S.	A CE — American Indian, ect., Whita, etc.
15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)	UCATION de completed) College (1-4 or 5+)	16a. DECEDENT'S (Give kind of w life. Do NOT us  NEWBOR	rork done during mo e retired.)	DN st of working	16b. KIND OF BUS	I BINESS/INDUSTRY	MILLE
17. FATHER'S NAME (First, Middle, List) KENNETH	MICK					CRUTCHFI	ELD
19e. INFORMANT'S NAME (Type/Print) CAROL CRUTCHF		203 Н	ILLCREST	AVE. BA	LTO, MARYI	AND. 21	
20a. METHOD QE DISPOSITION  1 Burlal 2 Cremation 3 Re  4 Donation 9 Other (Specify)  21. BIGNATURE OF FUNERAL SERVICE I	moval from Stata	other place)  JOHN	S HOPKIN	IS HOSPIT.	AL BAI	TIMORE,	Md21205
<b>&gt;</b>	, out of the				STREET. #	21205	
Sequentieity flat conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a DUE NO JOHNAS	A CONSEQUENCE OF	lun	butt butt	1 zay	to el	The flower flow
PART II. Other algorificant condition	one contributing to deeth b	but not resulting	in the underlyin	g ceuse given in	Part I. 24a. WAS AN PERFOI	RMED?	46. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH	HOSPITAL: 1   Inpatient 2   ER/Out	netlest 3 🗆 DOA	OTHER:	LACE OF DEATH (Che	1		
27. MANNER OF OEATH  1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIM	E OF 28c. IN.	JURY AT DRK? YES 2 NO	28d, DESCRIBE HOW	INJURY OCCURED	
3 Suicide 6 Could not b	26s. PLACE OF INJURY building, atc. (Spe		street, factory, offic	•	28f. LOCATION (Street City or Town, State		el Route Number,
(Orack Oray	SICIAN: To the best of my know NER: On the besis of examination						e(a) and manner as stated.
29b. SIGNATURE AND TITLE OF CHILI	anud	ms.	)	29c. LICENSE NUN	IBER	29d. DATE SIGN	178790
30. NAME AND ADDRESS OF PERSON				BALTO, Mo	1. 21205	/	
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	NATURE				1	5 6

BALTIMORE, MARYLAND 21203-3146

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DIVISION OF VITAL RECORDS, F.C. BOA 13149,	PHYSICI	this cer	
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2	ATTEN	CTOR:	
5	OR	DIRE	
	THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-mg	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled	
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	1. DECEDENT'S NAME (First, Middle, Last	_							2. DATE (	OF DEATH	MY	YEAR	3. TIME OF DE
	HEIEN	P. M	Atthe	W 5					01		3	90	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AOE (In yrs. I		IF UNDER 1	_	IF UNDER		7. DATE C	F BIRTH		8. BIR	RTHPLACE (State or
	216-18-5052	1 - M 2 - F	70	YRS.	MONTHS	DAYS	HOURS	MIN.		Day, Year) 27 1	919		IARYLAND
	9e. FACILITY NAME (If not institution, give	street end number)	-		9b. CITY,	TOWN O	R LOCATIO	N OF DE			7	_	DEATH
8	ANNE ARUNDEL ME	DICAL CE	NTER		ANNAI	POLT	S				ANN	IF. A	RUNDEL
5	RESIDENCE OF DECEDENT  10e. STATE 10b. COUN			40- 00	TY, TOWN OF								
DIRECTOR	Carried Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of th	ARUNDEL		100000	APOLIS		ON						10d, INSIDE CIT
	10e. STREET AND NUMBER						ZIP CODE				T 40- 017	FIZEN OF	1 YES 2 F WHAT COUNTRY?
FUNERAL	203 E CENTER ST	REET					401				log. Cr	U.S	
3	11. MARITAL STATUS	12. WAS DECEDE	INT EVER IN U.S.	ARMED	13. W	AS DECE	NDENT O	F HISPAN	IC ORIGIN	(Specify Ye	e or No-	14. RA	ACE — American Inc
	1 Never Merried 2XXMerried		WAR OR DATES	XNO	H	yes, spe	elty Cuber	Specify	n, Puerto R	icen, etc.)		Bi	ack, White, etc.
84	3 Widowed 4 Divorced												BLACK
E	15. DECEDENT'S ED (Specify only highest grad			(Give kind of	Work done du			9	16b.	KIND OF BU	SINESS/IN	DUSTRY	
E	Elementary/Secondary (0-12)	College (1-4 or 5		Me. Do NOT L	ESTIC								
COMPLETED													
	17. FATHER'S NAME (First, Middle, Last)						18. MOTH			Iddle, Melder			
BE	ERNES'T PARKER  19a, INFORMANT'S NAME (Type/Print)			40	0.48=====		- 1.60	_		NE JO			
2					G ADDRESS								
	MELVIN MATTHEWS 20e. METHOD OF DISPOSITION		20h Bi 40		E. CEI				APUL		-	_	
	1 M Buriel 2 Cremation 3 Re 4 Donation 5 Other (Specify)	moval from State	other.	Disco)	EEST (	CEME	TERY	etory or					Town, State MARYLAN
	21. SIGNATURE OF FUNERAL SERVICE I	JCENSEE							CILITY 8				nnapolis
	N.M.	0				744					21	1401	
1	Itilian	Keese								NS MO			P.A.
	23. PART I. Enter the diseases, or	r complications th	et caused the	death Do									
	enock, or meant remore	. List only one ca	ause on each ile	na.	not enter t	ha mod	de of dyl	ng, such	h as card	lec or resp	lratory ar	rreat,	Approxi
	IMMEDIATE CAUSE (Final	. Liet only one ca	ause on each ile	na.	not enter t	tha mod	de of dyl	ng, sucl	h as card	ec or resp	elratory ar	rreat,	Approxis Interval Onset a
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	IMMEDIATE CAUSE (Final disease or condition	Cov	ause on each ile	na.	OFI:						olratory ar	rreat,	Interval
NO	IMMEDIATE CAUSE (Final disease or condition	a. Com  DUE TO	use on each line use o (or as a cons	BEOUENCE C	OFI:						elratory ar	rreat,	Interval
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BALIIMOHE,	age 6 m	director,
ALI	death. P	funeral I.
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	Š	n, or r
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL DR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within	TO THE FUNERAL, DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.
	Jan.	-0

	1	FOR - STATE REGISTRAR	STATE OF MARYL		RTMENT OF H		MENTAL HYGIEN	_		
	1	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATN		3. TIME OF DEATN	
		Margaret Irene M	<b>Inielczarek</b>				Jan. 21.	1990 YEAR	4:30 P M	
	ı	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTN (Month, Day, Year)		THPLACE (State or Foreign	
		218-10-8005	1 D M 2 X F 76	YRS.	MONTHS DAYS	HOURS MIN.	July 28,		aryland	
		9a. FACILITY NAME (If not institution, give etr	met and number)			R LOCATION OF DE	EATN	9c. COUNTY OF	DEATN	
S. R.		3121 Dillon St. Baltimore City Baltimore City								
្រូ		RESIDENCE OF DECEDENT  10a, STATE 10b, COUNTY		10c, C/1	TY, TOWN OR LOCAT	ION			10d. INSIDE CITY	
DIRECTOR	١,	Maryland Baltin	more City						LIMITS?	
AL	- 10	10e. STREET AND NUMBER	1101 0 0 1 0 3		101	. ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?	
EB		3121 Dillon St.				21224		U.S.A.		
FUNER		11. MARITAL STATUS	12. WAS DECEDENT EVER				NIC ORIGIN? (Specify Yes	or No- 14. RA	CE — American Indian,	
BY F	- 11	1 Never Married 2 Married 3 Widowed 4 Diverced	FORCES? 1 YES			2 X NO Specific	in, Puerio Ricen, atc.) y:	7.743.3	ck, White, etc.	
	- 19	^							White	
TED		15. DECEDENT'S EDUC (Specify only highest grade of		16a. DECEDENT'S (Give kind of life. Do NOT u	Work done during mo	ON at of working	16b. KIND OF BU	SINESS/INDUSTRY	176.	
1 2		Elementary/Secondary (0-12)	College (1-4 or 5+)		Checker	,	Acme Ma	rkets		
once.		17. FATHER'S NAME (First, Middle, Last)		ui occi y	Officeret		ME (First, Middle, Meiden			
E S	- 10	Joseph Benjamin	Stokes				izabeth Ri		n	
B		19a. INFORMANT'S NAME (Type/Print)	DONES	19b. MAILING	G ADDRESS (Street a		Route Number, City or Tow			
5		Joan E. Rey		1130	Notting	ham Driv	ve, Glen Bu	irnie, M	21061	
8		20a. METNOD OF DISPOSITION	20	. PLACE OF DISPO	SITION (Name of cer	netery cremetory or		CATION - City or		
E		1 XBurial 2 Cremation 3 Remo	G G	Ten Have	n Memori	al Park	Gle	en Burnie	e, A.A. MD	
in in	ij	21. SIGNATURE OF FUNERAL SERVICE LIC			22. NAME AN	D ADDRESS OF FA				
ехаш		> Robert Su	Brek			ey Funer	al Home /.S.E. Gle	Dump i	e. MD 21061	
Te o		23. PART I. Enter the diseases, Dr C	oniplications that cause	d the deeth. Do					Approximate	
or other traumatic event, the medical examiner must be notified at once		ahock, or heart fellure. I	List only one cause on a	each line.		11 .	Disen		Interval Between Onset and Death	
£ .	1	disease or condition resulting in death)	arta	is sold	whe	Henr	Prsem	-1		
even			DUE TO (OR AS	CONSEQUENCE	OF):					
S a		Sequentially list conditions,	a cuy	m sc	uon					
ATI		If any, leading to immediate cause, Enter UNDERLYING	DUE TO (OR AS A	A CONSEQUENCE O	<b>)</b> F):					
를 등	H	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS	A CONSEQUENCE O	DF):				<u> </u>	
ry, or other traumatic CERTIFICATION	1	resulting in death) LAST								
걸	- 11		1							
		PART II. Other algnificant conditions	a contributing to death t	out not reaulting	in the underlying	g cause given in	Part I. 24a. WAS AN PERFO	RMED?	Ib. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
MEDIC.		*					1 YES :	NO	OF DEATH?	
Me Me		16							1 YES 2 NO	
AN: MEDIC										
		25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	ACE OF DEATH (C)				
5 >		1 X YES 2 NO	1 Inpatient 2 ER/Out	patient 3 L DOA 28b, TII			6 Other (Specify)	IN HIRV OCCUPED		
P	- 8	1 Netural 5 Pending	(Month, Day, Year)	IN IN		PRK?	200. DESCRIBE NOW	INJUNT OCCUMED		
Is marked, D BY PH	_	2 Accident investigation 3 Suicide A Could not be	28e. PLACE OF INJURY	r — At home, farm,			28f. LOCATION (Street	and Number or Rura	I Route Number.	
90 W		4 Nomicide 6 Could not be	building, atc. (Spe	clfy)			City or Town, State	)		
		29a. CERTIFIER	CIAN: To the bast of my know	riedge death occur	rad at the time, date	and place, and du	to the councie) and me	oner se stated		
MPORTANT: If Item  O BE COMPLE		onel only	R: On the basis of examination						o(a) and menner as stated.	
§ 0		29b. SIGNATURE AND TITLE OF GERTIFIER		1		29c. LICPUSE NU			ED (Month, Day, Year)	
E H		put	も 2.1	aul		211	150		ary 23, 1990	
을 은		30. NAME AND ADDRESS OF PERSON WHO	O COMPLETED CAUSE OF D	EATH (ITEM 27) (Typ	e, Print)			I Vallu	ary 23, 1330	
		Dr. Melio Torre	s, M.D. 441	S. Elwoo	od Ave.,	Balto, M	MD 21224			
		31. DATE FILED (Month, Day, Year)	82. REGISTRAR'S SIG	VATURE 1.00				-	ROTAL B	
		Dr. Melio Torre 31. DATE FILED (Month, Day, Voar)  JAN 2 3 1990	Julia Davidson	Marianes					2.3	

/Sician.	rial-transit p		
attending ph	se as the bu		
hospital or	tached for u		108.
tained by the	should be de		tifled at or
6 тау be ге	ctor, page 5		nust be no
death. Page	e funeral dire		examiner r
after after	filled in by th	on, or removi	he medical
cuted within	d completely	urial, cremati	tic event, t
tificate be exe	g physician ar	ene prior to t	ther trauma
the death cer	the attendin	d Mental Hyg	injury, or o
requires that	een signed by	of Health an	shows any
SIAN: The law	rificate has b	he State Dept.	or Item 23
IDING PHYSIC	. After this ce	death with th	is marked,
AL DR ATTER	AL DIRECTOR	72 hours after	If Item 28
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within x pars after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit p	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
		0	-

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

BALTIMORE, MARYLAND 21203-3146

	FOR STATE REGISTRAR	STATE OF MARYLAN		MENT OF HEALTI		IENTAL HYGIENE				
11	1. OECEOENT'S NAME (First, Middle, Last)		<u> </u>	AIL OI BLA		2. DATE OF DEATN		3. TH	ME OF DEATH	y I
- 1	H. Raymond Ma	rtin Ir				MONTH BAY		AR	7.0	DM
DIRECTOR			rs. last birthday) #	F UNDER 1 YEAR   IF UND	ER 24 HRS.	7. DATE OF BIRTH			(State or For	
	213-38-5682 9s. FACILITY NAME (If not institution, give stree		60 YRS.	ONTHS DAYS HOURS	MIN.	(Month, Day, Year) 1 = 9 = 30	Î	Mary]		
	Carroll County			Westmins			Garro			
EC	10e. STATE 10b. COUNTY		10c. CITY, T	TOWN OR LOCATION				10d.	NSIDE CITY	
<b>E</b>	Maryland Baltim	ore	IInn	erco					IMITS?	40
	10e. STREET AND NUMBER	016	1 000	101, ZIP CO	DE		10g. CITIZEN			
FUNERAL	16604 Trenton R	5 2 2		2115				JSA		
ž		12. WAS DECEDENT EVER IN U	S. ARMED	~/	/	C ORIGIN? (Specify Yea	-		narican India	0
BY FI	1 Never Married 2 6 Married 3 Wildowed 4 Divorced	FORCES? 1 YES	2 NO		ban, Maxican	, Puerto Ricen, etc.)		Black, White Specify:	e, etc.	.,
0	15. DECEDENT'S EOUCA	TION 10	Sa. OECEDENT'S US	UAL OCCUPATION		teb. KINO OF BUS	INESS/INOUST		rite	
ĒΙ	(Specify only highest grade co	impleted)	(Give kind of world life. Do NOT use n	k done during most of wor	king			***		
7	6th Grade	College (1-4 or 5+)	nmon &	Bus dri	77.0.79	School				
COMPLET	17. FATHER'S NAME (First, Middle, Last)	110	almel o			NE (First, Middle, Malden S	Sumama)			
ŏ	Harry R. Martin	Cm		1 2 20						
BE	19a. INFORMANT'S NAME (Type/Print)	, Dr.	T 10h MAII ING AF	DDRESS (Street and Number		wallett		de l		
2	Mrs. Patsy G.	Montin								
	20a. METHOD OF DISPOSITION			Trenton ON (Name of cometers, co			ATION - City			
	1 Burial 2 Cremation 3 Remove	al from State	ther place)		ematory or					
	21. SIGNATURE OF FUNERAL SERVICE LICEN		enton C	emetery	DESS OF EAC		erco,	Ma.		
8	Atomes 158	10,00		Eline F	unera		netes	<i>A B</i>	12 21	071
	23. PART I. Enter the diseases, or con	mplicatione that caused to	he deeth. Do not	enter the mode of o	Iving, auch	as cardiac or reapi	retory erreet.	. u , I	Approxima	
	ahock, or heart fellure. Li- IMMEDIATE CAUSE (Finel disease or condition resulting in death) a.	ot only one cause on each	ute v	Mocal	ا	dufo	nd.		Onset and	tween Deeth
	The following of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction									
8	Sequentially list conditions,  DUE TO (OR AS A CONSEQUENCE OF):									
Ā	if eny, leeding to immediate couse. Enter UNDERLYING	eding to immediate								
윤	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A C	ONSEQUENCE OF):							
CERTIFICATION	resulting in death) LAST									
빙	- a.									
DICAL	PART II. Other aignificent conditions	Inifficent conditions contributing to death but not resulting in the underlying cause given in Part i.  24a. WAS AN AUTOPSY PERFORMED?  AMILABLE PRIO COMPLETION OF DEATH?  1 YES 2 700  OF DEATH?								
W.								1 🗆	YES 2	ro
ż										- 3
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL		26. PLACE OF	OEATN (Che	ck only one)				
S		HOSPITAL:	ent 3 DOA 4	THER:  Nursing Nome 5	Residence (	B Cher (Specify)				
PHYSICIAN: MEDI	27. MANNER OF DEATN	28a. DATE OF INJURY (Month, Day, Ybar)	28b. TIME O			28d. OEŞCRIBE NOW IP	JURY OCCUR	ED		
BY	1 Netural 5 Pending 2 Accident Investigation	,,,		M 1 YES 2	□ NO					
	3 Suicide 6 Could not be determined	28e. PLACE OF INJURY — building, atc. (Specify)	At home, farm, stre	et, factory, office		281. LOCATION (Street and Number or Aural Route Number, City or Town, State)				
W	29a. CERTIFIER								-	
COMPLETED	anal .	AN: To the best of my knowled On the basis of exemination a						use(a) and	menner as si	atad.
	206. SIGNATURE AND TITLE OF CENTIFIER			29c. L	ICENSE NUM	BER	29d. DATE SI	GNED (Mont	V. Day, Year)	
BE	8	20		1	15316	5	<b>&gt;</b> 1	14	90	
٩	30. NAME AND ADDRESS OF PERSON WHO		4	P-lee 4		stud w	7	107		
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNAT		1	any			17		
	JAN 16'90	Achia Navidana Po			•					

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tained by the hospital or attending physici	
fter death. Page 6 may be n	
The second meaning of the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second seco	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 mounts after death. Page 6 may be retained by the hospital or attending physician

	1 - FOR STATE OF MARYLAND / DEPARTMENT CERTIFICATE		MENTAL HYGIENE REG. NO.								
	1. DECEDENT'S NAME (First, Middle, Last)  Joseph R. Martin		2. DATE OF DEATH MONTH DAY	90 YE	3. TIME OF DEATN						
	4. SOCIAL SECURITY NUMBER  5. SEX  1 A M 2 F  7 5 YRS.  1 A M 2 F  7 5 YRS.	YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BIRTN (Month, Day, Year) 2 -17-14	8. B	IRTNPLACE (State or Foreign ountry)  1 rvland						
TOR		stead	ATN	Carro							
DIRECTOR	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR Maryland Carroll Hamps to			10d. INSIDE CITY LIMITS?  1 E YES 2 NO							
FUNERAL	100. STREET AND NUMBER 40.42 Gill Avenue	101. ZIP CODE			OF WNAT COUNTRY?						
ВУ	152 Never Married 2 Married FORCES? # TS YES 2 NO It	AS DECENDENT OF HISPAN yes, specify Cuben, Mexicae YES 2 NO Specify	, Puerto Ricen, etc.)	or No— 14. RACE — American Indian, Black, Whita, etc. Specify: White							
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 8+)  16. DECEDENT'S USUAL OCC (Clive kind of work done du fille. Do NOT use retired.)	ring most of working	166. KIND OF BUS		RY						
OM	High School Freight Ag	1 Freight. Agen t.									
BE C	Denton O. Martin	Mary St	ısan McLa	ughli	n						
2		Street and Number or Rural F									
	Mr. Elmer L. Martin 4208 Mapl 20a. METHOD OF DISPOSITION (Name	e Grove Ro	oad. Hamr	stead	Md 21074						
	1 Donation 6 Other (Specify) Upperco. Md. 21										
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY										
		4 S. Main		netee	d. Md.21074						
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter t shock, or heart fellure. List only one ceuse on each line.	he mode of dying, auci	as cerdiac or respir	atory arrest,	Approximate interval Between						
	IMMEDIATE CAUSE (Final disease or condition resulting in death)  a. DUE TO (OR AS A CONSEQUENCE OF):	, cardial	In Jan I	in	Onset and Death						
N	Sequentially list conditions,										
CATIC	if any, leading to immediate cause. Enter UNDERLYING										
CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in death) LAST										
CALC	PART II. Other significant conditions contributing to death but not resulting in the und	lerlying cause given in	Part I. 24a. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO						
PHYSICIAN: MEDIC	Dialoka Wellity		1 TES 2	7750	COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO						
AN	25. WAS CASE REFERRED TO MEDICAL	25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one)									
SIC	EXAMINER?  1   YES 2   MO										
ву РНУ	Netural 5 Pending (Month, Day, Year) INJURY	28c. INJURY AT WORK? 1 YES 2 NO	28d. DESCRIBE NOW IN	JURY OCCURE	ED						
	2 Accident Investigation 3 Builcide 6 Could not be determined  28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)  28t. LOCATION (Street and Number or Rural Route Number, City or Rwn, State)										
COMPLETED	29a. CERTIFIER (Check only one)  2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my open				use(s) and manner as stated.						
TO BE	29b. SIGNATURE AND THE CHTIFIER	MBER 29d. DATE SIGNED (Month, Day, Year)									
		nd zioz	(								
	JAN 16 90 June Davidson-Randell										

BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALTIMORE, MARYLAND 21203-3146
TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within any after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should
be filed within 72 hours after death with the State Dept, of Health and Memai Hygiene prior to burial, cremation, or removal.
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

31. DATE FILED (Month, Day, Year)

JAN 12

32. REGISTBAR'S SIGNATURE
Julia Davidson Randoll

	FOR STATE REGISTRAR	STATE OF MA			TMENT OF I		MENTA	AL HYGIEN			
	1. OECEDENT'S NAME (First, Middle, Last)							E OF DEATH	AY	WEAR	3. TIME OF DEATH
	WILLIAM	G. MATI	HEWS, 3	JR.			JAN		199	YEAR ()	7:30 A. M
	4. SOCIAL SECURITY NUMBER		. AGE (In yrs. les	t birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DAT	E OF BIRTH			IPLACE (State or Foreign
	227-16-9402	1X M 2 □ F	69	YRS.	MONTHS DAYS	HOURS MIN.		Y 27,	1920		
	1 - STATE REGISTRAR  1. OECEDENT'S NAME (First, Middle, Last) WILLIAM 4. SOCIAL SECURITY NUMBER 227-16-9402 99. FACILITY NAME (If not institution, give s 3031 MEDWAY STRE RESIDENCE OF DECEDENT 109. STATE 109. COUNTY MARYLAND 109. STREET AND NUMBER 3031 MEDWAY STREE 110. MARYLAND 109. STREET AND NUMBER 3031 MEDWAY STREE 109. COUNTY MARYLAND 110. STREET AND NUMBER 3031 MEDWAY STREE 111. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced 15. DECEDENT'S EDUCEDENT'S EDUCEDENT'S EDUCEDENT'S EDUCEDENT'S EDUCEDENT'S EDUCEDENT'S EDUCEDENT'S EDUCEDENT'S EDUCEDENT'S EDUCEDENT'S EDUCEDENT'S EDUCEDENT'S EDUCEDENT'S EDUCEDENT'S EDUCEDENT'S EDUCEDENT'S EDUCEDENT'S EDUCEDENT'S EDUCEDENT'S EDUCEDENT'S EDUCEDENT'S EDUCEDENT'S EDUCEDENT'S EDUCEDENT'S EDUCEDENT'S EDUCEDENT'S EDUCEDENT'S EDUCEDENT'S EDUCEDENT'S EDUCEDENT'S EDUCEDENT'S EDUCEDENT'S EDUCEDENT'S EDUCEDENT'S EDUCEDENT'S EDUCEDENT'S EDUCEDENT'S EDUCEDENT'S EDUCEDENT'S EDUCEDENT'S EDUCEDENT'S EDUCEDENT'S EDUCEDENT'S EDUCEDENT'S EDUCEDENT'S EDUCEDENT'S EDUCEDENT'S EDUCEDENT'S EDUCEDENT'S EDUCEDENT'S EDUCEDENT'S EDUCEDENT'S EDUCEDENT'S EDUCEDENT'S EDUCEDENT'S EDUCEDENT'S EDUCEDENT'S EDUCEDENT'S EDUCEDENT'S EDUCEDENT'S EDUCEDENT'S EDUCEDENT'S EDUCEDENT'S EDUCEDENT'S EDUCEDENT'S EDUCEDENT'S EDUCEDENT'S EDUCEDENT'S EDUCEDENT'S EDUCEDENT'S EDUCEDENT'S EDUCEDENT'S EDUCEDENT'S EDUCEDENT'S EDUCEDENT'S EDUCEDENT'S EDUCEDENT'S EDUCEDENT'S EDUCEDENT'S EDUCEDENT'S EDUCEDENT'S EDUCEDENT'S EDUCEDENT'S EDUCEDENT'S EDUCEDENT'S EDUCEDENT'S EDUCEDENT'S EDUCEDENT'S EDUCEDENT'S EDUCEDENT'S EDUCEDENT'S EDUCEDENT'S EDUCEDENT'S EDUCEDENT'S EDUCEDENT'S EDUCEDENT'S EDUCEDENT'S EDUCEDENT'S EDUCEDENT'S EDUCEDENT'S EDUCEDENT'S EDUCEDENT'S EDUCEDENT'S EDUCEDENT'S EDUCEDENT'S EDUCEDENT'S EDUCEDENT'S EDUCEDENT'S EDUCEDENT'S EDUCEDENT'S EDUCEDENT'S EDUCEDENT'S EDUCEDENT'S EDUCEDENT'S EDUCEDENT'S EDUCEDENT'S EDUCEDENT'S EDUCEDENT'S EDUCEDENT'S EDUCEDENT'S EDUCEDENT'S EDUCEDENT'S EDUCEDENT'S EDUCEDENT'S EDUCEDENT'S EDUCEDENT'S EDUCEDENT'S EDUCEDENT'S EDUCEDENT'S EDUCEDENT'S EDUCEDENT'S EDUCEDENT	street and number)			9b. CITY, TOWN	OR LOCATION OF I	DEATH		9c. COU	NTY OF D	EATH
DIRECTOR	RESIDENCE OF DECEDENT					EATON			M	ONTO	COMERY
DIRE	477	MONTGOMER	Y	10c. CIT	y, town or loca WHE	ATON					10d. INSIDE CITY LIMITS? 1 YES 2 NO
AL	10e. STREET AND NUMBER					1. ZIP CODE			10g. CITI	ZEN OF V	WHAT COUNTRY?
E	3031 MEDWAY STREE	ET				20902				USA	
5		12. WAS DECEDENT,	EVER IN U.S. AR	MED		CENDENT OF HISP/ pecify Cuben, Mexic			s or No—	14. RACE	E — American Indian, k, White, etc.
ВУ		IF YES, GIVE WAR				3 2 NO Spec		ricuit, atc.)		Spec	lly:
ED B		WWII	44- 05	000000000	101111 000110111		1.0				WHITE
ETE	(Specify only highest grade	completed)	(G	ive kind of a	USUAL OCCUPATI work done during me se retired.)	ost of working	16	Sb. KINO OF BU	SINESS/INL	DUSTHY	
PE	Elementary/Secondary (0-12)	College (1-4 or 5+)		SEARC				C.I.A.			
WO	17. FATHER'S NAME (First, Middle, Last)		REC	LAIC	IILK	16. MOTHER'S N			Surname)		
O U	WILLIAM G. MATH	EWS. SR.				IDA W					
00			190	b. MAILING	ADDRESS (Street	and Number or Rura			rn, State, Zip	Code)	
2	GRACE MATHEWS	(WIFE	) 30	)31 M	EDWAY S	TREET, W	HEAT	ON, MAI	RYLAN	D 20	902
П		rough from State		OF DISPOS		metery, crematory or			CATION -		
	4 Donation 5 Other (Specify)				TAN CREI			ALE	XANDR	IA,	VIRGINIA
		CENSEE				ND ADDRESS OF F		c pime	DAT II	OME	TNC
	* Mufuel	0 12m									P. MD 2090
	23. PART I. Enter the diseases, or	complications that c	aused the de	eth. Do r							Approximate
		List only one couse	on each line								Interval Between Onset and Death
		new	monia						1 week		
	DUE TO (OR AS A CONSEQUENCE OF):								1 week		
NO	Sequentially list conditions,  DUE TO (OR AS A CONSEQUENCE OF):  B. MULTIPLE CERER POUNSCULAR ACCIDENTS  B. YEA									6 years	
AT	if ally, leading to intification							3R 01	CPA9-C	9	6 UPHAS
윤			R AS A CONSE			51.00114	- 0, 0,		. 0113		7 90000
E		4									
8	DART II ONI -III - III										
¥	PART II. Other aignificant condition	na contributing to d	eath but not r	eaulting	in the underlyin	ig cause given i	n Part I.	24a. WAS AP PERFO		248	. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
ă											OF DEATH?
W											1 YES 2 NO
	25 WAS CASE DEFENDED TO MEDICAL	1			00.0	LACE OF OEATH (C	N44-				
Si	EXAMINER?	HOSPITAL:	THOUSAND A	□ no.	OTHER:						
PHYS		28e. DATE OF IN		26b, TIM		ne 6 Residence	-	her (Specify) ESCRIBE HOW	INJURY OC	CURED	
		(Month, Day,	Year)	IN.	JURY W	ORK? YES 2 NO	1000				
D BY	2 Pulatida	28e. PLACE OF	INJURY — At ho	me, farm,	street, factory, offi	ce		CATION (Street		r or Rural	Route Number,
i iii		building, et	e. (Specify)				Cit	ty or Town, State	)		
빌		SICIAN: To the best of m	y knowledge, de	eth occurr	ed at the time, dat	e end place, and de	e to the c	eause(e) and me	nner as ata	ted.	
N N	onel										s) end manner ee stated.
ECC						29c. LICENSE N	1.1	41475			O (Month, Day, Year)
00	Dame a.	RASON	mo					13			
2	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE	OF DEATH (ITE	M 27) (Type	, Print)				, ,		.1.
	JAMES A. RASSI	mo, 6111	0706	CU	FIUE	BLVD,	1	ock UI	LLE	my	20852

OHMH-16 Rav 1/89

CONDS, F.C. BOX 13146, BALLIMONE, MARTLAND ZIZUS-3146	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	is certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-transit permit. Pages 1, 2, 3 should be detached for use as the burlal-transit permit. Pages 1, 2, 3 should be detached for use as the burlal-transit permit. Pages 1, 2, 3 should be state. Or Health and Mental Hygiene prior to burlal, cremation, or removal.	MPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	ACOMPANY OF ANY ANY ANY ANY ANY ANY ANY ANY ANY ANY
DIVISION OF VITAL RECORDS, P.O. BOA 13149,	TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to bunial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic e	COLETO INCIDENT TO INCIDENT TO INCIDENT TO INCIDENT TO INCIDENT TO INCIDENT TO INCIDENT TO INCIDENT TO INCIDENT TO INCIDENT TO INCIDENT TO INCIDENT TO INCIDENT TO INCIDENT TO INCIDENT TO INCIDENT TO INCIDENT TO INCIDENT TO INCIDENT TO INCIDENT TO INCIDENT TO INCIDENT TO INCIDENT TO INCIDENT TO INCIDENT TO INCIDENT TO INCIDENT TO INCIDENT TO INCIDENT TO INCIDENT TO INCIDENT TO INCIDENT TO INCIDENT TO INCIDENT TO INCIDENT TO INCIDENT TO INCIDENT TO INCIDENT TO INCIDENT TO INCIDENT TO INCIDENT TO INCIDENT TO INCIDENT TO INCIDENT TO INCIDENT TO INCIDENT TO INCIDENT TO INCIDENT TO INCIDENT TO INCIDENT TO INCIDENT TO INCIDENT TO INCIDENT TO INCIDENT TO INCIDENT TO INCIDENT TO INCIDENT TO INCIDENT TO INCIDENT TO INCIDENT TO INCIDENT TO INCIDENT TO INCIDENT TO INCIDENT TO INCIDENT TO INCIDENT TO INCIDENT TO INCIDENT TO INCIDENT TO INCIDENT TO INCIDENT TO INCIDENT TO INCIDENT TO INCIDENT TO INCIDENT TO INCIDENT TO INCIDENT TO INCIDENT TO INCIDENT TO INCIDENT TO INCIDENT TO INCIDENT TO INCIDENT TO INCIDENT TO INCIDENT TO INCIDENT TO INCIDENT TO INCIDENT TO INCIDENT TO INCIDENT TO INCIDENT TO INCIDENT TO INCIDENT TO INCIDENT TO INCIDENT TO INCIDENT TO INCIDENT TO INCIDENT TO INCIDENT TO INCIDENT TO INCIDENT TO INCIDENT TO INCIDENT TO INCIDENT TO INCIDENT TO INCIDENT TO INCIDENT TO INCIDENT TO INCIDENT TO INCIDENT TO INCIDENT TO INCIDENT TO INCIDENT TO INCIDENT TO INCIDENT TO INCIDENT TO INCIDENT TO INCIDENT TO INCIDENT TO INCIDENT TO INCIDENT TO INCIDENT TO INCIDENT TO INCIDENT TO INCIDENT TO INCIDENT TO INCIDENT TO INCIDENT TO INCIDENT TO INCIDENT TO INCIDENT TO INCIDENT TO INCIDENT TO INCIDENT TO INCIDENT TO INCIDENT TO INCIDENT TO INCIDENT TO INCIDENT TO INCIDENT TO INCIDENT TO INCIDENT TO INCIDENT TO INCIDENT TO INCIDENT TO INCIDENT TO INCIDENT TO INCIDENT TO INCIDENT TO INCIDENT TO INCIDENT TO INCIDENT TO INCIDENT TO INCIDENT TO INCIDENT TO INCIDENT TO INCIDENT TO INCIDENT TO INCIDENT TO INCIDENT TO INCIDENT TO INCIDENT TO INCIDENT TO INCIDENT TO INCIDENT TO INCIDENT TO INCIDENT TO INCIDENT TO INCIDENT TO INCIDENT TO

	FOR 1 - STATE REGISTRAR	STATE OF MARY			HEALTH AND	MENT	AL HYGIEN REG. NO.	_		
	1. DECEDENT'S NAME (First, Middle, L Michael	chael Augustine McTighe						2. DATE OF DEATH MONTH DAY YEAR 17		
BY FUNERAL DIRECTOR		5040 1 M 2 D F 76 YRS. MONTHS DAYS HOURS MIN.						13	Country)	ace (State or Foreign
	Shady Grove	Adventist F	Hospital		N OR LOCATION OF	OEATH			nty of oear	
	residence of decedential 100. STATE 100. CO			y, town or lo						Dd. INSIDE CITY
	10e. STREET AND NUMBER		NO.	CKVII	101. ZIP CODE			10g. CITI		T COUNTRY?
	13406 Crispi 11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 TYES, GIVE WAR OR	S 2 X NO	If yes	2085 DECENDENT OF HIS specify Cuban, Market Market No Sp	PANIC ORI			14. RACE	American Indian, white, etc. White
COMPLETED	15. DECEDENT'S (Specify only highest of Elementary/Secondary (0-12)	College (1-4 or 5+)	16a. DECEDENT'S (Give kind of the Do NOT us) ACCOU	work done during se retired.)	NTION most of working		U.S. G			nt
BE CO	17. FATHER'S NAME (First, Middle, Last Luke McTig				Е	liza	t, Middle, Maiden beth E	Brenn		
2	190. INFORMANT'S NAME (Type/Print) Catherine M.		1340	6 Cris	et and Number or Ru Spin Wa	y R	ockvi1	le,	Md.	
	20a. METHOD OF DISPOSITION    Cyber   2 Cremetion   3   Removal from State   20b. PLACE OF DISPOSITION (Name of cometery, cremetory or other place)   Condition   City or Town, State									
	23. PARTY. Enter the diseases, ehock, or heart fall IMMEDIATE CAUSE (Finel disease or condition resulting in death)	a. Bronc	hed the death. Do reach line.	c Ac			6)	iratory arr	est,	Approximete interval Between Onset and Deeth
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	с	A CONSEQUENCE O							
CAL	PART II. Other significant cond	litions contributing to death	but not recuiting	in the underl	ying cause given	in Part I.	24e. WAS AN PERFOR 1 - YES 2	RMED?	At C	ERE AUTOPSY FINDINGS WAILABLE PRIOR TO OMPLETION OF CAUSE F DEATH?  YES 2 NO
PHYSICIAN: MED	25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1									
ву рну	27. MANNER OF DEATH  28a. DATE OF INJURY (Month, Day, Year)  28b. TIME OF INJURY AT WORK?  M 1 YES 2 ND									
	2 Accident Investigation 3 Suicide 6 Could not be determined 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)  28s. PLACE OF INJURY — At home, farm, street, factory, office City or Town, Stele)  28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)									
COMPLETED	one) —	PHYSICIAN: To the best of my kn								and manner as stated.
TO BE C	29b. SIGNATURE AND TITLE OF CERT	Macon	W. E	).	29c. LICENSE D069			29d. DAT	E SIGNED (N	190 Year)
	Robert C.  31. DATE FILED (Morith, Day, Year)	N WHO COMPLETED CAUSE OF MACON M	.D. 80°	Print)  Viers	MIR	1. R	ockvill	e N	112	0851
	JAN 16 '9	O Julia Di	widson-Asind	all.						DHMH-16 Rev 1/6

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the tuneral director, page 5 should be detached for use as the burfal-transit permit, be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE REGISTRAR		STATE OF M				HEALTH AND	MENTA	L HYGIEN				
1. DECEDENT'S NAME (First, M	liddle, Last)	Mildred	NIMNI I	MVFDC			2. DATE	OF DEATN			3. TIME OF DEATH	
milde	ed	Mildred NMN MYERS				MONTE	MONTH DAY		90	A · UCA		
4. SOCIAL SECURITY NUMBER		. SEX	8. AGE (In yrs	s. lest birthday)	IF UNDER 1 YEA	IF UNDER 24 HRS.	7. DATE	OF BIRTN	7		IPLACE (State or Foreign	
020-16-15	1 -	M 2 VF	>	> YRS.	MONTHS DAY	-		h, Day, Year)	07	Count	γ)	
9a. FACILITY NAME (If not instit		t and number)	0	_	9h CITY TOW	N OR LOCATION OF		-02		INTY OF D	3h-Co.MI	
Colton Villa	ı					stown	DEATH.	-		hing		
	Ob. COUNTY			10c, CI1	Y. TOWN OR LO	CATION					10d, INSIDE CITY	
Maryland	Washir	gton			agersto	wn					LIMITS? 1 X YES 2 NO	
100. STREET AND NUMBER 11 W. Baltin	nore St					21740				SA	VNAT COUNTRY?	
11. MARITAL STATUS	1	2. WAS DECEDENT			13. WAS I	ECENDENT OF HISP	ANIC ORIGIN	N? (Specify Ye	n or No-	14. RACI	E — American Indian,	
1 Never Married 2 Miles Miles Miles Miles Miles Miles Miles Married 4 Divorce		FORCES? 1 [ IF YES, GIVE WA				specify Cuban, Mexi ES 2 NO Spec		Rican, etc.)		Spec	Black, White, atc. Specify: White	
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	ighest grade coi		108	(Give kind of	work done during	most of working	166	. KIND OF BU	SINESS/IN	DUSTRY		
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Ralph S. Sha	ink					Ethel 1	Leite	r				
19a. INFORMANT'S NAME (Type				19b. MAILING	3 ADDRESS (Stre				m, State. Zi	p Code)		
Betty Sander								198				
20a. METHOD OF DISPOSITION		14	20b. PL	ACE OF DISPO	SITION (Name of	cemetery, crematory o	r	20c. LC	CATION -	City or To	wn, Stata	
4 Donation 5 Other (S	allon 3 □ Ramoval from State   Smithsburg Cemetery   Smithsburg, Ma							Maryland				
23. PART I. Enter the disease or condition resulting to death)	rt fallure. Lis	t only one caus	e on each	iina.	not enter the						Approximate interval Between Onset and Da	
disease or condition resulting to death)  Sept Crounis  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):												
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25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1												
27, MANNER OF DEATH		28a, DATE OF		26b. Til		INJURY AT	-		INJURY OF	CCURED		
27. MANNER OF DEATH  1 Naturel 6 Pending Investigation  28a. DATE OF INJURY (Month, Day, Year)  M 1 YES 2 NO  28d. DESCRIBE HOW INJURY OCCURED  1 NJURY AT WORK?  M 1 YES 2 NO												
3 Suicide 6 Co	ould not be termined	28e. PLACE OF building, a	INJURY — I	Al home, farm,	street, factory,	ffice		CATION (Street or Yown, State		er or Rural	Route Number,	
000)						Sets and piece, and d					a) and manner as states	
20b. SIGNATURE AND TITLE O	F-CERTIFIER					29c. LICENSE N	UMBER		294 DA	TE SIGNE	(Month, Day, Year)	
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	REGISTRAR	CERTIFIC	ATE OF DEATH	REG. NO.	1 / 2002 00 200000				
	1. DECEDENT'S NAME (First, Middle, Last)			ATE OF DEATH ONTH DAY Y	3. TIME OF DEATH				
1 1	RICHARD GOFF	METCALF		1 09 90					
			NTHE DAYS HOURS MIN. (A	fonth, Day, Year)	BIRTNPLACE (State or Foreign Country)  EW York				
	9a. FACILITY NAME (If not institution, give atreet	and number) 98	CITY, TOWN OR LOCATION OF DEATN	9c. COUNTY					
TOR	Route 1, Box 92	2	Oxford	Tal	bot				
DIRECTOR	10a. STATE 10b. COUNTY  Maryland Talbo		own on Location		10d. INSIDE CITY LIMITS?  1 YES 2 Y NO				
	100. STREET AND NUMBER	JC J OXI	10f. ZIP CODE	10g, CITIZEN	OF WHAT COUNTRY?				
FUNERAL	Route 1, Box 9:	2	21654						
빌		2. WAS DECEDENT EVER IN U.S. ARMED	13. WAS DECENDENT OF HISPANIC OR		S.A.				
BY FU	1 Never Married 2 Married	FORCES? 1 X YES 2 NO IF YES, GIVE WAR OR DATES	If yes, specify Cuban, Mexican, Pue  1 YES 2 NO Specify:		RACE — American Indian, Black, White, etc. Specify:				
ED	15. DECEDENT'S EDUCATI	World War II	IAL COCUPATION	16b. KIND OF BUSINESS/INDUS	white				
COMPLETE	(Specify only highest grade con Elementary/Secondary (0-12)	npleted) (Give kind of work life. Do NOT use re	done during most of working tired.)						
J ∆	12	l executi		auto dealer	ship				
8 8	17. FATHER'S NAME (First, Middle, Last)		16. MOTNER'S NAME (FI	rst, Middle, Maiden Surname)					
BE	Manton B. Metca	alf, Jr.	Isabella	Goff					
TO E	19a. INFORMANT'S NAME (Type/Print)	19b. MAILING AD	DRESS (Street and Number or Rural Route in	Number, City or Town, State, Zip Co.	de)				
F	Dorothy A. Mete	calf Rt. 1	Box 92 Oxford	MD 21654					
2	20e. METHOD OF DISPOSITION 3 Removes from State 2 Cremation 3 Removes from State 2.0c. LOCATION - City or Town, State other place)								
	4 Donation S Other (Specify) Fairview Cemetery Middletown N.J								
5	21. SIGNATURE OF FUNERAL SERVICE LICEN		22. NAME AND ADDRESS OF FACILITY						
	►N/ E 1   -	VOLL DICESP	Newnam Funera						
6	Min Deles	7	Easton, Maryl	and					
anam s	23. PART I. Enter the diseases, or com shock, or heart failure. Lis IMMEDIATE CAUSE (Finsi	pplications that ceused the death. Do not tonly one cause on sach line.	sinter the mode of dying, such as	cardisc or respiratory srres	t, Approximate Interval Between Onset and Death				
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E	that initiated events resulting in death) LAST	DOE TO (OTT AS A CONTOCUED DETOC OF).							
	d								
MEDICAL C	PART II. Other eignificent conditions of	contributing to death but not resulting in	the underlying cause given in Part	PERFORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE				
E 0				1 TES 2 NO	OF DEATH?				
2					1 TYES 2 NO				
3 2									
	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	IOSPITAL:	26. PLACE OF DEATH (Check or	nly one)					
S			☐ Nursing Home ■ Residence 6 ☐	Other (Specify)					
BY PHYSICIAN:	27, MANNER OF DEATH  Netural 5 Pending Investigation	28e. DATE OF INJURY (Month, Day, Year) 28b. TIME (INJUR	OF 28c. INJURY AT WORK?  M 1 YES 2 NO	DEŞCRIBE NOW INJURY OCCU	RED				
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E H	29a, CERTIFIER 1 CERTIFYING PHYSICIA	IN: To the best of my knowledge, death occurred	at the time date and place and due to the	a causals) and manner as elected					
	(Check only								
MP =	000)	On the basis of examination and/or investigation	in my pointon, death occurred at the time.		cause(s) and manner se eleter!				
COMPLETED	one) 2 MEDICAL EXAMINER:	On the basis of examination and/or investigation,							
BE COMPLE	000)	On the besis of examination and/or investigation,	In my opinion, death occured at the time,	29d. DATE 8	BIGNED (Month, Dey, Year)				

3 Box

Bohan,

M.D.

32. REGISTRAR'S SIGNATURE

Julia Davidson-Randall.

D.

1 90

Lawrence

31. DATE FILED (MONTH)

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, be filed within 72 hours after death with the State Dept. of Health and Memtal Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	it, Middle, Last)									E OF DEATH			3. TIME OF DEATH
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4. SOCIAL SECURITY NUN	PER	5. SEX	6. AGE (In yrs.	lest birthday)	IF UNDER	1 YEAR	IF UNDER	R 24 HRS.	7. DATE	E OF BIRTH	1- 1.	8. BIRT	HPLACE (State or Foreign
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NATIONAL NA	VAL ME	DICAL CE	NTER			RI	ETHES	SDA			Mo	NTC	OMERY
RESIDENCE OF DE	CEDENT		TTX LIIC				3.1111	7011			110	21110	OTILICI
10a. STATE	10b. COUNTY	r		10c. CI1	Y, TOWN O	R LOCAT	ION						10d. INSIDE CITY LIMITS?
VIRGINIA		UDON			ST	ERL]	ING						1 X YES 2 NO
10e. STREET AND NUMBER	R					101	ZIP COD	E			10g. CIT	IZEN OF	WHAT COUNTRY?
610 N. F.	LLLMORE						22	2170			UN	LTED	STATES
11. MARITAL STATUS	ž.	12. WAS DECEDEN	T EVER IN U.S.	ARMED						IN? (Specify Yes	a or No-	14, RAG	E American Indian, ck, White, etc.
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		1966					100						WHITE
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17. FATHER'S NAME (First,		HADTOTT	NTDERM				16, MOT			Middle, Maide			
		HARLOW	MIBERT						_	NE BC			
19a. INFORMANT'S NAME										mber, City or To			170
GLENDA KAY									., S	TERLIN			
20a. METHOD OF DISPOSI 1 Burtal 2 K Cremat	TION Ion 3 - Rem	ovel from State		DE OF DISPO	SITION (Na	me of cer	netery, cree	metory or			OCATION -		
4 Donation 5 DOth	1-1-1-11		_ Mon	tgome									Maryland
21. SIONATURE OF FUNER	AL SERVICE LIC	DENSKE			22.	NAME A	NO ADDRE	ESS OF FI	VTI IIO	Dahawt	78 7	Dumm	hrow Funor
> Kha	12	( / )			77 -	/7	- 4 l		Ol-	Koner	A .	unip	uret auger
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23. PART Enter the allock, or IMMEDIATE CAUSE (F disease or condition resulting in death)	heart failure.	BRON	at caused the	death. Do	Winot enter	SCOI	nsin de of dy	Ave	nue,	Bethe	sda,	Mar	yland 2081 Approximate Interval Betw
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30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAN'S SIGNATURE

TUNA DAVIDSON PANDER

S.V.LEWINSKI, LT, MC, USN

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31. DATE FILEO (Month)

NATIONAL NAVAL MEDICAL CENTER BETHESDA, MD 20814-5011

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for up a filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les		IF UNDER	DAYS	IF UNDER	24 HRS.	7. DATE OF (Month, D	ay, Year)		6. BIRTI		(State or For	eign
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2	TO NAME AND ADDRESS OF PORTON WIL	O COMPLETED CAU	E CE DEATH STE	W 70 (30		_		_				11	1/	1	_

Melanie Marshall M.D. 9000 Franklin Square Drive, Baltimore, Maryland 21237

31. DATE FILED (MORTH, Day Year) 'YU 32. REGISTRAR'S SIGNATURE

JAM 1 27 'YU 32. REGISTRAR'S SIGNATURE

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## DIVISION

		. Pars 1, 2, 34		
DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALTIMORE, MARYLAND 21203-3146	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL ONECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pake 1, 2, 3 to be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

1 - FOR STATE REGIS	: TRAR	STATE OF MAR	YLAND / DEPART				IENE . NO.	
1. DECEDENT	T'S NAME (First, Middle, Last, IAN	ANNA	NICHOLSON			2. DATE OF DEA	22 9	year 702 AM M
216-4	6-0257	1 M 2 F	96 YRS.	ONTHS DAYS	IF UNDER 24 HRS, HOURS MIN.	7. DATE OF BIRTY (Month, Day, N	893	n. BIRTHPLACE (State or Foreign Country) Maryland
110000	H ARUNDEL HO			GLEN ]	BURNIE	EATH		OUNTY
100. STATE MD	10b. COUN	w Arundel	10c. CITY,	TOWN OR LOCA		erna Par	k	10d. INSIDE CITY LIMITS? 1 YES 2 XNO
815 11. MARITAL 1 Never I	Cottonwood	Drive		10	21146		U.S.	EN OF WHAT COUNTRY?
m 3 ⅓ Widown	815 COTTONWOOD Drive  11. MARITAL STATUS 1 Never Married 2 Married 3 X Widowed 4 Divorced  12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 VES 2 X00 IF YES, GIVE WAR OR DATES				CENDENT OF HISPAI secity Cuban, Maxics 3 2X NO Specif	an, Puerto Rican, et	fy Yea or No — 1	4. RACE — American Indian, Black, While, etc. Specify: White
Elementa 12 17, FATHER'S	15. DECEDENT'S ED (Specify only highest grad ory/Secondary (0-12)		16a. DECEDENT'S UI (Give kind of wo life. Do NOT use HOMEMA)	rk done during m retired.)	ON ost of worlding	166. KIND O	F BUSINESS/INOU	
17, FATHER'S	NAME (First, Middle, Lest)	He	enry		18. MOTHER'S NA	AME (First, Middle, N	laiden Sumame)	
O IVA. INFORM	Shirley Irv	ine			and Number or Rural ood Drive			
1 (X Burial	O OF DISPOSITION  2 Cremation 3 Reconsider (Specify)	moval from State	20b. PLACE OF DISPOSIT	Haven			e. Location — cr Slen Burn	
21. SIGNATU	RE OF FUNERAL SERVICE L	ICENSEE B.			ND ADDRESS OF FA			tchie Hwy. a Park,MD21146
disesse or resulting is	E CAUSE (Finel condition n death)	a are	AS A CONSEQUENCE OF):	and his	andi	Mare	the lan	Onset and Death
Cause. Ent	tar UNDERLYING Isease or Injury	DUE TO (OR A	AS A CONSEQUENCE OF):			4.	reese	
	ther eignificent condition	ona contributing to deat	h but not resulting in	the underlying	g cause given in	PI	AS AN AUTOPSY ERFORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF GEATH?  1 YES 2 NO
25. WAS CAS		HOSPITAL:		26. P	LACE OF DEATH (C)	neck only one)		
	ral 6 Pending	1 ☐ Inpatient 2 ☐ ER/	Oulpatient 3 DOA 4	OF 28c. IN	JURY AT ORK? YES 2 NO		y) HOW INJURY OCCU	IRED
2 Acci 3 Suic 4 Hom	cide 6 Could not be	28e. PLACE OF INJ	URY — Al home, farm, str Specify)	eet, factory, offi	ca	261. LOCATION ( City or Town,		r Rural Route Number,
3 Suic 4 Hom 29a. CERTIFI (Check o one)	inly I CERTIFTING PHT	SICIAN: To the best of my k						d. cause(a) and manner as stated.
BE SHOWN	ONE AND THREE OF CENTIFI	- ( \		<u> </u>	29s. LICENSE NU	PtoP		SIONED (Month, Day, Year) GA, 23 (9)
CHAR	LES WU, M. I	). 7845 OAK	WOOD ROAD	‡204 G	LEN BURN	IE, MARY	LAND 210	061
31. DATE FIL	EO (Month, Day, Year)	1990 Julia Do		٤				



1. DECEDENT'S NAME (First, Middle,		CERTIF	ICAIL	F DEATH		REG. NO.		
JULIA	(DAKES				2. DATE OF MONTH	DEATH DAY	90 G	ME OF DEATH
4. SOCIAL SECURITY NUMBER 577-07-3117	5. SEX 8. AG	E (In yrs. lest birthday) 89 YRS.	IF UNDER 1 YEA		7. DATE OF	BIRTH (1987) 00	Country)	E (State or Foreign
9a. FACILITY NAME (If not institution,	1 1	,	9b. CITY, TOW	N OR LOCATION OF			INTY OF DEATH	)
RESIDENCE OF DECEDENT 10a. STATE 10b. C	IT	SPITA		LINTOI	7	TRI	Mes 4	100 RGE
Md.	Calvert		y, town on Lo rince	ration Frederi	ck			INSIDE CITY
	041701		T	101. ZIP CODE		10g. CIT	IZEN OF WHAT	YES XX NO
485 Clayham					0678		USA	
10e. STREET AND NUMBER  485 Clayham  11. MARITAL STATUS  1 Never Merried 2 Merried  XXWIdowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2-140	It yes,	BECENDENT OF HISP specify Cuben, Mexi (ES 2X2NO Spec	cen, Puerto Rice	Specify Yee or No— en, etc.)	14. RACE — Al Black, Whit Specify:	nerican Indian, le, etc. Thite
15. DECEDENT'S (Specify only highest	B EDUCATION grade completed)	16a. DECEDENT'S	work done during	NTION most of working	16b. Ki	IND OF BUSINESS/IN	DUSTRY	
Elementary/Secondary (0-12)  1 2  17. FATHER'S NAME (First, Middle, Le	College (1-4 or 5+)	Bookk	and a			Real Es	tate	
17. FATHER'S NAME (First, Middle, La Richard Hor					an Br	dle, Meiden Sumeme)		
190. INFORMANT'S NAME (Type/Fring Jean Shelto				and Number or Rura	I Route Number,	City or Town, State, Zi	p Code)	
20. METHOD OF DISPOSITION 16. Burlel 2 Cremation 3 C 4 Donation 5 Other (Specify,		other place) Ce		cemetery, cremetory of		20c. LOCATION - Suit1	chy or Town, Sand, Mc	
21, SIGNATURE OF FUNERAL SERVI	CE LICENSEN	>	22. NAME 663 C1 i	AND ADDRESS OF I	Lexand 20735	e Funer ler Ferr	al Hon y Road	ne, Inc.
IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO JOH A	S A CONSEQUENCE OF	fn	for	ilv			Onset and Date
PART II. Other algorificant con	ditiona contributing to dant	but not resulting	in the underly	ring cause given i		PERFORMED?	AMAIL COM DF D	E AUTOPSY FINDING ABLE PRIOR TO PLETION DF CAUSE EATH? YES 2 NO
	CAL			PLACE OF DEATH (	Check only one)			120 1 [] 100
25. WAS CASE REFERRED TO MEDIC EXAMINER?			OTHER:					
	NOSPITAL:			lome 5 - Residence	7		CUREO	
EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending	1 Spital: 1 Spatient 2 ER/O 28a. DATE OF INJUF (Month, Day, Yea	Y 28b. TIN	4 Nursing in the OF 28c.	lome 5 Residence INJURY AT WORK? YES 2 NO	7	Specify) RIBE HOW INJURY OC	CCURED	720 2 1 10
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	TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within zonours after dea	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funity and within 72 hours after death with the State Dect. or Health and Mental Hopiere prior to burial, cremation, or removal.	

	1. DECEDENT'S NAME (First, Middle, Last)	**			ICATE				2. DATE MONTH	OF DEATH		EAR	3. TIME OF DEATH
	Pond, Janet											570	2000
	479 18 2029	5. SEX 1 M 2 X F	6. AGE (In yrs. les	yns.	IF UNDER 1	DAYS	HOURS	R 24 HRS.	7. DATE	OF BIRTH	. 3	Country	PLACE (State or Foreign
OR	Washington Adv		Hospit	al	96. CITY, T			Parl			Mont		mery
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNT  MD  Mon	tgomery			v. TOWN OR			g					10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	100 Sunnyside	Road					209					S.	A .
B	11. MARITAL STATUS  1 Never Married 2 Merried  3 Widowed 4 Divorced	FORCES?	TEVER IN U.S. AF YES 2/21 MAR OR DATES	AMEO NO	H 1	yes, spe	ecity Cub	OF HISPAI en, Mexica Specif	in, Puerto I	l? (Specify Yes Rican, atc.)	or No- 14	RACE Black Specif	- American Indian, , white, etc.
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementery/Secondary (0-12)		+) (G	ecedent's		CUPATIO	ON at of work	ing		At Ho	siness/indus	TRY	
COMF	12 17. FATHER'S NAME (First, Middle, Lest) JOHN HARTZELI		Inon	remai	ver.					Middle, Maiden			
TO BE	190. INFORMANT'S NAME (Type/Print) Ralph V. Buck						nd Numbe	or Rural	Route Numl	ber, City or Tow	uscher on, Stete, Zip Co ex. Va.		22270
	20a, METHOD OF DISPOSITION  1 Burlet 21 W Cremation 3 Rem	novel from State	20b. PLACE	OF DISPO	SITION (Nam	e of cen	netery, cre	metory or		20c. LO	CATION — CIN	or To	wn, State
	4 Donation 6 Other (Specify)	CENSEE VANCI	l	more	22. N	CAK	OMA	FUI	VERA		E,INC		1, MD.
CERTIFICATION	shock, or heert failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. Due to	OR AS A CONSE	GOLLICE O	ali trot	h	de	fre.	asc	ang	d .		Interval Between Onset and Death 12-harry
MEDICAL	PART II. Other significant condition	ne contributing to	death but not	resulting	in the und	erlying	g cause	given in	Part I.	24a. WAS AN PERFOI 1 YES 2	RMED?	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	FER/Outpatient	n 🗆 noa	OTHER:				heck only or				
	27. MANNER OF DEATH  1  Pending	28e. DATE O		28b. TIN	4 Nursin	Sc. INJ	URY AT				INJURY OCCUI	RED	
TED	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE (building	OF INJURY — AI he, etc. (Specify)	ome, farm,	street, factor					ATION (Street or Town, State	and Number or	Rural F	loute Number,
D BE COMPLETED	29s. CERTIFIER (Check only one) 2 MEDICAL EXAMIN											:ause(a	) and manner as stated.
BE	296. SIGNATURE AND TITLE OF CENTRE	e lad	).				D	B /	358	3	1	1	(Month, Day, Year)
10	JAFEN 6	ELGER	mo.	EM 27) (Type	3 o	AV	rER	in	PT.	SIL	vento	en	26910 VL 264.
	31. DATE FILED (Month, Day, Year)		AR'S SIGNATURE	indo 00									

TO BE COM	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
tuneral director, page 5 should be detached	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach
death. Page 6 may be retained by the hos	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hos

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Marga	ret	Michel	le.	P	errell			MONTH	DAY		90	8:05 p
4. SOCIAL SECURITY I		5. SEX 1 M 2 F	6. AGE (In yrs. le		IF UNDER 1 YEAR MONTHS DAYS	-	24 HRS.	7. DATE OF I	BIRTH			IPLACE (State or Foreign
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		· ·	. 1 6 1		9b. CITY, TOWN		ON OF OE	eath 9c. county of DEATH Montgomery				
Shady Gro	ve Adver	ntist Hos	pitai		Rockvi	.iie,				PIOH	regon	lery
10a, STATE	10b. COUNT	TY		10c. CIT	Y, TOWN OR LOC	ATION						10d. INSIDE CITY
MD	Mon	tgomery		Gai	thersbu	ırg						LIMITS7
10e. STREET AND NUM						10f. ZIP COD	E			10g. CIT	IZEN OF V	WHAT COUNTRY?
24120 Pec	an Grove	e Lane				20	882		- 1		USA	
11. MARITAL STATUS  1 Never Merried  3 Widowed 4		FORCES?	NT EVER IN U.S. AI 1 YES 2 XX WAR OR DATES		If yes,		m, Maxica	IIC ORIGIN? (S n, Puerto Rice /:		or No—	14. RACI Black Spec	E American Indian, k, Whita, atc. //y: WHITE
15.	DECEDENT'S EDI	UCATION	16a. DI	ECEDENT'S	USUAL OCCUPA	TION		16b. KII	ID OF BUS	INESS/INE	DUSTRY	WILLE
(Speci	fy only highest gred lery (0-12)	e completed) College (1-4 or 5	- Illu	Bive kind of a. Do NOT u	vork done during ne retired.)	most of world	ng					
none		none		none				noi	ne			
17. FATHER'S NAME (FI	irst, Middle, Last)					18. MOT	HER'S NA	ME (First, Midd	le, Maiden S	Sumame)		
Barry	Jo	seph	Perr	e11		The	cesa		Lyn	n		Gahan
19a, INFORMANT'S NA	ME (Type/Print)		15	b. MAILING	ADDRESS (Street	et and Numbe	r or Rural I	Route Number,	City or Town	, State, Zip	p Code)	
Barry J	oseph	Perrel	1	SAN	E AS #	10						
20a. METHOD OF DISP	OSITION		20b, PLACE other p	OF DISPO	SITION (Name of	cemetery, cres	natory or		20c, LOC	ATION —	City or To	own, State
1 Burial 2 Cre 4 Donation 5	Other (Specify)	noval from Stata			e Adve	ntist	Host	oital	Roc	kvil	lle,	MD
					not entar tha r	node of dy	ing, suc	h aa cardlac	Dr reapir	atory ar	rest,	Approximate
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9711 Med. Ct

Ctr.

Dr.

Dr. David 7ucl 31. DATE FILED (Month, Day, Year) 20850

#109, Rockville, MD

DNMH-16 Rev 1/89

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	214-12-6652  90. FACILITY NAME (II not institution, give a	1× M 2 🗆 F	73 YRS. W	F UNDER 1 YEAR   IF UNDER 24 I ONTHS DAYS HOURS N Db. CITY, TOWN OR LOCATION	(Month, Day, Y	/1916 N	BIRTNPLACE (State or Fore Country)  Iaryland			
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COMPLETED	18. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondery (0-12) College (1-4 or 5+)  ?   18e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)  Waterman Seafood									
ш	17. FATNER'S NAME (First, Middle, Last) Warren Spry Pritchett Maggie Dean									
TO 8	19s. INFORMANT'S NAME (TyperPrint)  Michael S. Pritchett  19b. MAILING ADDRESS (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code)  Box 86 Wingate, Md. 21675									
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AN: MEDICAL CE	PART II. Other significant condition  Diabetas  25. WAS CASE REFERRED TO MEDICAL EXAMINER?	S/P CAT	36 1984 to formal b	20. PLACE OF DEAT	N (Check only one)	ERFORMED?	AMILABLE PRIOR TO COMPLETION DF CA OF DEATH?			
PHYSICIAN: MEDICAL CE	that initiated events resulting in death) LAST  PART II. Other significant condition  Dabetes  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   YES 2   NO  27. MANNER OF DEATN  1   Netural 5   Pending	S/P CAT	3 Ce 1984  As front of be   utpatient 3 DOA 4  Y 285. TIME	28. PLACE OF DEAT  OTHER:    Nursing Nome 5   Reeld  OF   28c. INJURY AT	N (Check only one)  ance 8 Other (Specil  28d, DESCRIBE	ERFORMED?	AMILABLE PRIOR TO COMPLETION DE CA OF DEATN? 1 YES 2 NO			
TED BY PHYSICIAN: MEDICAL CE	PART II. Other significant condition  Diabetas  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATN	HOSPITAL: 1   Inpetient 2   ERVO  28e. DATE OF INJUR (Morth, Day, Year	3 Ce 1989  Is from 1 DOA 4  TY 28b. TIME ( INJUE)  RY — At home, farm, str	28. PLACE OF DEAT  OTHER: Nursing Nome 5 Resid  OF 28c. INJURY AT  WORK?  M 1 YES 2 N	N (Check only one)  ence 8 Other (Specification of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of	PERFORMED?  YES 2 NO  Y)  NOW INJURY OCCUR  Street and Number or	AMALABLE PRIOR TO COMPLETION DIF CA OF DEATH?  1  YES 2 NO			
OMPLETED BY PHYSICIAN: MEDICAL CE	that initieted events resulting in death) LAST  PART II. Other significant condition  La becks  25. WAS CASE REFERRED TO MEDICAL. EXAMINER?  1	HOSPITAL: 1   Inpetient 2   ER/Or 28e. DATE OF INJUR (Month, Day, Ver) 26e. PLACE OF INJU building, etc. (S)	atpatient 3 DOA 4  Y 28b. TIME ( NJUF  RY — At home, farm, stropocify)  owledge, death occurred	28. PLACE OF DEAT  OTHER: Nursing Nome 5 Resid  OF 28c. INJURY AT  WORK?  M 1 YES 2 N	N (Check only one)  ence 8 Other (Specification of City or Town,  d due to the ceuse(s) en	PERFORMED?  YES 2 NO  NOW INJURY OCCUP  Street and Number or State)	AMALABLE PRIOR TI COMPLETION DIF CA OF DEATIN? 1 YES 2 NO			
BE COMPLETED BY PHYSICIAN: MEDICAL CE	that initieted events resulting in death) LAST  PART II. Other significant condition  La becks  25. WAS CASE REFERRED TO MEDICAL. EXAMINER?  1	HOSPITAL: 1   Inpetient 2   ER/Or 28e. DATE OF INJUR (Month, Day, Year 28e. PLACE OF INJUR building, etc. (S)	atpatient 3 DOA 4  Y 28b. TIME ( NJUF  RY — At home, farm, stropocify)  owledge, death occurred	26. PLACE OF DEAT  26. PLACE OF DEAT  THER:  Nursing Nome 5 Reeld  OF 28c. INJURY AT WORK?  M 1 YES 2 N  eet, factory, office  at the time, date end place, er  In my opinion, death occured	N (Check only one)  Pince 8 Other (Specific City or Town, od due to the ceuse(s) east the time, data and ple	Y) NOW INJURY OCCUR Street and Number or State)  Indiameter as stated. Inc., and due to the c	AMALABLE PRIOR TO COMPLETION DIF CA OF DEATIN?  1 YES 2 NO  NED  Rural Route Number;			
E COMPLETED BY PHYSICIAN: MEDICAL CE	that initieted events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATN  1 Natural 5 Pending Investigation  3 Suicide 6 Could not be determined  29e. CERTIFIER (Check only one)  2 MEDICAL EXAMINE	HOSPITAL: 1   Inpettent 2   ER/Or 28e. DATE OF INJUR (Month, Day, Ver 28e. PLACE OF INJUR building, etc. (S)	SCE 1989  In free of E  Substitute 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1	28. PLACE OF DEAT  OTHER: Nursing Nome 5 Resid  OF 28c. INJURY AT WORK?  1 YES 2 N  eet, factory, office  at the time, date end place, er In my opinion, death occured	N (Check only one)  ance 8 Other (Specification of City or Town, of due to the cause(s) et at the time, data and pless E NUMBER	Y) NOW INJURY OCCUR Street and Number or State)  Indiameter as stated. Inc., and due to the c	1 YES 2 NO			

OHMH-16 Rev 1/89

	HEGISTHAH		CE	EHILL	CALE	IF DEA	П	REG. NO	).		
	1. DECEDENT'S NAME (First, Middle, Las	FRANCIS	PIPK	IN				ODATE OF DEATH (		EAR .	1029 PAN
	4. SOCIAL SECURITY NUMBER 219–30–6490	5. SEX 6	AGE (In yrs. les 55	YRS.	IF UNDER 1 YE	-	24 HRS.	7. DATE OF BIRTH (Month, Day, Year) 11-27-19		BIRTHPL Country)	ACE (State or Foreign
	90. FACILITY NAME (II not Institution, gh NORTH ARUNDEL H	OSPITAL			GLEN GLEN	BURNI	ON OF D	EATH	Bc. COUNTY	of CO	UNIY
O	RESIDENCE OF DECEDENT					- 4725					Od. INSIDE CITY
DIMECTOR	Maryland Ann	e Arundel		10c. CITY	Pasade				1		
FUNERAL	100. STREET AND NUMBER  200 Bayfront Dr	rive	Pasa	dena		101. ZIP COD		21122		S.A.	AT COUNTRY?
BY FUNI	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	EVER IN U.S. AR YES 2. IF R OR DATES	NO NO	13. WAS if yes							
1	15. DECEDENT'S EDUCATION 166. DECEDENT'S USUAL OCCUPATION 166. KIND OF BUSINESS/INDUSTRY										
COMPLEI	(Specify only highest grade completed)  Elementary/Secondary (0-12)  12+  (Give kind of work done during most of working life. Do NOT use reliand.)  Procurement Administrator Westinghouse Corp.								orp.		
4	17. FATHER'S NAME (First, Middle, Last) Frank Pipkin		16. MOTHER'S NAME (First, Middle, Melden Sumame)  Leah Reynolds								
2	19a. INFORMANT'S NAME (Type/Print) Mrs. Mildre	ed N. Pipkir			AODRESS (Str O Bayf)			Route Number, City or Tov Pasade		MD	21122
	20g-METHOD OF DISPOSITION 44 Burlel 2 Cremetlon 3 R 4 Donatton 6 Other (Specify)		ocation — cit orsey,								
4 Doneston 6 Other (Specify) Meadowridge Memorial Park Dorsey, Mar 21. SIGNATURE OF FUNERAL SERVICE LICENSES OF FACILITY RICCASING HIGHWAY Severna Park, Maryland 21146											
								5			
CERTIFICATION	IMMÉDIATE CAUSE (Finel disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  CAROLICAL APPLICACION CAUSE (Disease or Injury that initiated events resulting in death) LAST  CAROLICAL APPLICACION CAROLICAL APPLICACION CAROLICAL APPLICACION CAROLICAL APPLICACION CAROLICAL APPLICACION CAROLICAL APPLICACION CAROLICAL APPLICACION CAROLICAL APPLICACION CAROLICAL APPLICACION CAROLICAL APPLICACION CAROLICAL APPLICACION CAROLICAL APPLICACION CAROLICAL APPLICACION CAROLICAL APPLICACION CAROLICAL APPLICACION CAROLICAL APPLICACION CAROLICAL APPLICACION CAROLICAL APPLICACION CAROLICAL APPLICACION CAROLICAL APPLICACION CAROLICAL APPLICACION CAROLICAL APPLICACION CAROLICAL APPLICACION CAROLICAL APPLICACION CAROLICAL APPLICACION CAROLICAL APPLICACION CAROLICAL APPLICACION CAROLICAL APPLICACION CAROLICAL APPLICACION CAROLICAL APPLICACION CAROLICAL APPLICACION CAROLICAL APPLICACION CAROLICAL APPLICACION CAROLICAL APPLICACION CAROLICAL APPLICACION CAROLICAL APPLICACION CAROLICAL APPLICACION CAROLICAL APPLICACION CAROLICAL APPLICACION CAROLICAL APPLICACION CAROLICAL APPLICACION CAROLICAL APPLICACION CAROLICAL APPLICACION CAROLICAL APPLICACION CAROLICAL APPLICACION CAROLICAL APPLICACION CAROLICAL APPLICACION CAROLICAL APPLICACION CAROLICAL APPLICACION CAROLICAL APPLICACION CAROLICAL APPLICACION CAROLICAL APPLICACION CAROLICAL APPLICACION CAROLICAL APPLICACION CAROLICAL APPLICACION CAROLICAL APPLICACION CAROLICAL APPLICACION CAROLICAL APPLICACION CAROLICAL APPLICACION CAROLICAL APPLICACION CAROLICAL APPLICACION CAROLICAL APPLICACION CAROLICAL APPLICACION CAROLICAL APPLICACION CAROLICAL APPLICACION CAROLICAL APPLICACION CAROLICAL APPLICACION CAROLICAL APPLICACION CAROLICAL APPLICACION CAROLICAL APPLICACION CAROLICAL APPLICACION CAROLICAL APPLICACION CAROLICAL APPLICACION CAROLICAL APPLICACION CAROLICAL APPLICACION CAROLICAL APPLICACION CAROLICAL APPLICACION CA										
ייייייייייייייייייייייייייייייייייייייי	PART II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I.  Bilafeul Below Kull  1 yes 2 No  24b. WERE AUTOPSY FINDIN AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO										
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER:		1	theck only one)			
173	1 YES 2 NO	1 Inpatient 2 I		28b. TIM		Home 5 R	esidence	6 Other (Specify) 28d, DESCRIBE HOW	IN HIS OCCI	DED	
ВУ Р	1 Netural 5 Pending 2 Accident Investigation	(Month, Day	, Year)	INJ	JURY M 1	WORK?	] NO	286. DESCRIBE HOW	INJURY OCCU	HED	
	3 Suicide 8 Could not determined			ome, farm,	street, factory,	office		261. LOCATION (Street City or Town, State		Rural Roo	ute Number,
COMPLETED	one)	IYSICIAN: To the best of m									and manner as stated
BE C	296. DIGNATURE AND TITLE OF CENT	FIER	0	_	9	29c. LK	ENGE NI	4136	29d. DATE 1	SIGNEO (II	Mgnth, Day, Year)
5	30. NAME AND ADDRESS OF PERSON		OF DEATH (ITE	M 27) (Type	, Print)	COUNTRY	- 1	,	MADVI A		
	DALJIT S.SAWHN 31. DATE FILED (Month, Day, Year)	32. REGISTRAR	00 SOU			IGHWAY	GL	EN BURNIE,	MAKIL	עויט ע	21001
	IAN 2 3 19	190 Juna xue	Mayor - Ms	ndula							
-	OTTIV	17								_	

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

36

COURTS A.

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 28, cours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-bransh be filed within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burlat, cremation, or removal.

IMPORTANT: If Hem 28 is marked, or Hem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1	-	STATE REGISTR	AR
	1. D	ECEDENT'S	NA

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIFI	CALE OF	DEATH	REG.	NO.			
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEAT	Н	3	. TIME OF DEATH	
Troy Dale	Purdue				January	10. 19	YEAR 990	12:50 P	
4. SOCIAL SECURITY NUMBER	7 7	(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7 DATE OF BIRTH	1		ACE (State or Foreign	
329 12 0992	1 🔀 M 2 🗌 F		MONTHS DAYS	HOURS MIN.	(Month, Day, Yea Sept.24	,1920	Country)	Illinois	
9a. FACILITY NAME (If not institution, give a	street and number)		96. CITY, TOWN OR LOCATION OF DEATH				INTY OF DEA	TH	
4218 Colchester	Drive		Kens	sington		Мо	ntgome	ery	
10e. STATE 10b. COUNT	Υ	10c. CITY,	TOWN OR LOCA	TION			1	0d. INSIDE CITY LIMITS?	
Maryland Monte	gomery	Kens	ington				1	YES 2 NO	
10e. STREET AND NUMBER 4218 Colcheste								AT COUNTRY? States	
11. MARITAL STATUS  1 Never Married 2 Married  3 Wildowed 4 Divorced	11. MARITAL STATUS  1 ☐ Never Married  1 ☐ Never Married  1 ☐ Never Married  12. WAS DECEDENT EVER IN U FORCES?  1 ☑ YES IF YES GIVE WAR OR DATE			CENDENT OF HISPAP pecify Cuban, Mexica S 2 NO Specify	n, Puarto Rican, atc.		Specify:	- American Indian, White, atc.	
15. DECEDENT'S EDU	CATION	16a. DECEDENT'S L	ISUAL OCCUPAT	ION	16b. KIND OF	BUSINESS/IN			
(Specify only highest grade Elementary/Secondary (0-12) 1.2	College (1-4 or 5+)	life. Do NOT use	,		Uni	ted St	2+02 1	N	
		Tituo	grapher				ates i	Navy	
17. FATHER'S NAME (First, Middle, Lest)  Chauncey Purd	110				ME (First, Middle, Ma				
	ue			Myrt		-	-		
19a. INFORMANT'S NAME (Type/Print)	mdo	1		and Number or Rural					
Mary Hamilton Pu					er Drive Kensington, Maryland  ery, crematory or 20c. LOCATION — City or Town, State				
20a METHOD OF DISPOSITION  1 Buriel 2 Cremation 3 Rem  4 Donation 6 Other (Specify)	noval from State	other place) Arlington	Nation	al Cemet	ery A	rlingt	on, V	irginia	
21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY Robert A. Pumphre Home/Bethesda-Chevy Chase, Inc 75 Wisconsin Avenue, Bethesda, Mary:									
disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. Arteriose DUE TO (OR AS	A CONSEQUENCE OF	Ke	est D	ileas	e		10 year	
PART II. Other significant condition	a. na contributing to death	but not resulting in	the underlyl	ng cause given in	PEI	S AN AUTOPSY REFORMEO? ES 2 1 NO		VERE AUTOPSY FINDING WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  YES 2 NO	
25. WAS CASE REFERRED TO MEDICAL EXAMINER?									
HOSPITAL:   OTHER:   1   Inpetient 2   ER/Outpetient 3   DOA   4   Nursing Home 6 (2) Residence 6   Other (Specify)									
			OF 26c IN	E. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED WORK?					
27. MANNER OF DEATH  1 A Natural 6 Pending	28a. DATE OF INJURY (Month, Day, Year)		JRY W	YES 2 NO					
27. MANNER OF DEATH	(Month, Day, Year)	INJU	JRY W	YES 2 NO	281. LOCATION (SI City or Yown,		er or Rural Ro	ute Number,	
27. MANNER OF DEATH  1 Natural 6 Pending 2 Accident Investigation 3 Suicide 6 Could not be determined  29e. CERTIFIER (Check only One) 2 MEDICAL EXAMIN	(Month, Day, Year)  28e. PLACE OF INJUI building, etc. (Sp.  SICIAN: To the best of my knot  ER: On the best of examinat	NJU — At home, farm, a ecity)	M 1 Creet, factory, off	YES 2 NO	City or Town, S	State)  d manner as st	inted.	and manner as stated.	
27. MANNER OF DEATH  1 Neturel 6 Pending Investigation  2 Accident Investigation  3 Suicide 6 Could not be determined  29e. CERTIFIER (Check only one) 2 MEDICAL EXAMIN  29b. SIGNATURE AND TITLE OF CERTIFIER	(Month, Day, Year)  28e. PLACE OF INJUI building, etc. (Sp.  SICIAN: To the best of my kno ER: On the bests of examinat	INJU  AY — At home, ferm, si ecity)  wiedge, death occurre ton and/or investigation	M 1 Creet, factory, off	YES 2 NO	o to the cause(a) and time, data and place	d manner as store, and due to	ated. the cause(a)		
27. MANNER OF DEATH  1 Metural 6 Pending Investigation  2 Accident Investigation  3 Suicide 6 Could not be determined  29e. CERTIFIER (Check only One)  2 MEDICAL EXAMIN	28e. PLACE OF INJUI building, etc. (Sp. SICIAN: To the best of my knot ER: On the best of examinant	wiedge, death occurre ion and/or investigation  DEATH (ITEM 27) (Type,	M 1	YES 2 NO lice le and place, and due death occured at the 29c. LICENSE NUI	City or Yown, 3	d manner as store, and due to	inted. the cause(s) TE SIGNED (i	and manner as stated.  Month, Day, Year)	



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The law	ate has ber	tate Dept. c	tem 23 sh
MAN: The law	rtificate has ber	he State Dept. o	or item 23 sh
YSICIAN: The law	s certificate has be	ith the State Dept. o	ed, or item 23 sh
3 PHYSICIAN; The law	er this certificate has be-	th with the State Dept. of	arked, or item 23 sh
DING PHYSICIAN; The law	After this certificate has be	death with the State Dept. of	s marked, or item 23 sh
TENDING PHYSICIAN; The law	TOR: After this certificate has be	after death with the State Dept. c	28 is marked, or item 23 sh
R ATTENDING PHYSICIAN; The law	IRECTOR: After this certificate has been	urs after death with the State Dept. of	am 28 is marked, or item 23 shows any injury, or
AL OR ATTENDING PHYSICIAN; The law	L DIRECTOR: After this certificate has be	2 hours after death with the State Dept. of	if item 28 is marked, or item 23 shi
SPITAL OR ATTENDING PHYSICIAN; The law	VERAL DIRECTOR: After this certificate has be	vin 72 hours after death with the State Dept. of	IT: If item 28 is marked, or item 23 sh
HOSPITAL OR ATTENDING PHYSICIAN; The law	FUNERAL DIRECTOR: After this certificate has be	within 72 hours after death with the State Dept. of	ITANT: If item 28 is marked, or item 23 shi
TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within the mount after death. Page 6 may be retained by the hospi	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE	0F	MARYLAND	/ DEPARTMENT	0F	HEALTH	AND	MENTAL	HYGIENI
			CERTIFICATE	O	F DEAT	TH		REG. NO.

	FOR STATE REGISTRAR	STATE OF MAI		DEPART					IENTA	L HYGIENI REG. NO.	E			
	1. DECEDENT'S NAME (First, Middle, Lest) CORA C.		POWDE	RMAKER					2. DATE	OF DEATH H-9-199	ŏ	YEAR	3. TIME OF OEAT 7:15	Ам
	4. SOCIAL SECURITY NUMBER 578-09-3153	1 🗆 M 2 📉 F	AGE (In yrs. I		IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS. MIN.	FEB.	of BIRTH	1894 WASH		HPLACE (State or Fo	D.C
TOR	98. FACILITY NAME (If not institution, give a FERNWOOD HOUSE RESIDENCE OF DECEDENT	241111001						N OF DE	ATH		9c. COUN		OMERY	
DIRECTOR	10a. STATE 10b. COUNT	10e, STATE 10b, COUNTY			TOWN C		ION						10d. INSIDE CITY LIMITS? 1 YES 2	
FUNERAL	100. STREET AND NUMBER 10004 HOLMHURST ROAD			•		101	ZIP CODE					SA.	WHAT COUNTRY?	
BY	11. MARITAL STATUS  1 Nover Married 2 Married  3 XX Wildowed 4 Divorced			RMED NO	1	f yes, sp	ENDENT OF	, Maxican	, Puerto	1? (Specify Yea Rican, stc.)	or No-	Blec	E — American Indi- k, White, etc.	en,
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (8-12) 1 2		16a. E	Give kind of wife. Do NOT use	ork done of retired.)	during mo	ON at of worldn	9	168	KIND OF BUS	INESS/IND	USTRY		
OM	17. FATHER'S NAME (First, Middle, Last)						18. MOTH	ER'S NAM	AE (First,	Middle, Melden				
BE C	HARRY	COLMAN					I	DA		(	GOLDS	MITH	H	
TO B	19a. INFORMANT'S NAME (Type/Print)		1	196. MAILING	ADDRESS	(Street a	nd Number	or Rural R	oute Num	ber, City or Town	n, State, Zip	Code)		
F	ALVIN POWDERM	AKER		10004	HOLN	<u>ıhur</u>	ST RO	AD:	BETH	ESDA, M	ARYLA	AND	20817	
	20e. METHOD OF DISPOSITION 1   Burlel 2   Cremation 3   Rem 4   Donation 5   Other (Specify)	other	E OF DISPOSE place) IRBAN	CREM	ATOI	RY				CATION —		own, State		
	22. NAME AND ADDRESS OF FACILITY DANZANSKY-GOLDBERG MEMORIAL CHAPELS 1170 ROCHVILLE PIKE: ROCKVILLE MD 20  23. PART I. Enter the diseases, or complications that ceused the death. Do not enter, the mode of dying, such as cardiac or respiratory arrest,													
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE. (Disease or Injury that initiated events resulting in death) LAST	EQUENCE OF	He	il	t.	Ya.	lu	Dises			Approxim Interval B Onset en	etween		
PHYSICIAN: MEDICAL CE	PART II. Other significant conditions contributing to death but not resulting in the underlying causa given in Part I.  PERFOR  1 YES 2							RMED? AMILABLE PRIOR TO		CAUSE				
SIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:				-	ACE OF DE	EATH (Che	ck only o	ne)				
SIC	1   YES 2   10	1   Inpatient 2   El	R/Outpatient	3 DOA	4 THE		e 5 🗆 Re	aldence	6 🗆 Oth	er (Specify)				
BY PH	27. MANNER OF DEATH  1 Natural 6 Pending 2 Accident Investigation	28a. DATE OF IN. (Month, Day,		26b. TIME INJU	OF JRY M		URY AT PRK? YES 2	] NO	28d. DE	SCRIBE HOW I	NJURY OC	CURED		
6	3 Suicide 2 Could get b 28e. PLACE OF INJURY — At home, farm, street, factory, office 28f. LOCATION (Str.								CATION (Street a or Town, State)	and Number	or Rural	Route Number,		
COMPLET	anal	ER: On the beat of axam				- 1							(a) and manner as	stated.
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIE	JV2x	que	id							29d. DATE SIGNED (Morith, Day, Year)  JANUARY 9,1990			
F	DR. J. BLAINE FITZO	GERALD: 8218	-	CONSIN		SI	JITE	408:	ВЕТІ	HESDA,	MARYI	AND	20814	
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S						,					-0017	

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DIVISION OF VITAL RECORDS, P.O. BOA 13149,	AL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within a	
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	FOR STATE REGISTRAR	STATE OF MARYLAND / DEPAR CERTIF	RTMENT OF HEALTH AND N	MENTAL HYGIENE REG. NO.			
	DECEDENT'S NAME (First, Middle, Lest)			2. DATE OF DEATN	3. TIME OF DEATH		
		IARTIN	PORTER	MDNTN DAY	90 7:35 P M		
	2.1120	SEX 6. AGE (In yrs. lest birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTN	6. BIRTNPLACE (State or Foreign		
		□ M 2 ☐ F 6 / YRS.	MONTHS DAYS HOURS MIN.	(Month, Dey, Year) 11-18-28	Maryland		
1	9a. FACILITY NAME (If not institution, give street		9b. CITY, TOWN OR LOCATION OF DE		UNTY OF DEATH		
œ					2,+4		
2	University Hospita	1	Baltimore				
ñ l	10e. STATE 10b. COUNTY	4	TY, TOWN OR LOCATION		10d. INSIDE CITY LIMITS?		
DIRECTOR	Maryland Hon	vard (	olumbia		1 - YES 2 NO		
	100. STREET AND NUMBER		10f. ZIP CODE	10g. Cl	TIZEN OF WNAT COUNTRY?		
ER	8669 Rt.	108	2104	5	U.S.A.		
FUNERAL		WAS DECEDENT EVER IN U.S. ARMED		IC ORIGIN? (Specify Yee or No-	14. RACE — American Indian, Black, White, etc.		
	1 Never Married 2 Merried	FORCES? 1 YES 2 NO	If yes, specify Cuban, Mexical 1 YES 2 XIO Specify		Specify:		
ВУ	3 Wildowed 4 Divorced		/		WHITE		
ᇤᅦ	15. DECEDENT'S EDUCATION (Specify only highest grade com	inleted) (Give kind of	S USUAL OCCUPATION work done during most of working	16b. KIND OF BUSINESS/IF	NDUSTRY		
<b>"</b>	Elementary/Secondary (0-12)	follege (1-4 or 5+)		Dome	- ti-		
₽ E	unknoz	m 170.	memaker				
COMPLETED	17. FATNER'S NAME (First, Middle, Last)	m 1.	18. MOTNER'S NA	ME (First, Middle, Melden Surname)	>		
BE	Hoolphus	Martir	1 61	relyn			
2	19a. INFORMANT'S NAME (Typo/Print)		G ADDRESS (Street and Number or Rural I	1 1: 20	Zip Code)		
-	John M. Mor	ter 866°	7 Rt. 108 CO	lumbia III.	D. 21045		
	20e, METHOD OF DISPOSITION Purial 2 Cremation 3 Removal	from State 20b. PLACE OF DISPO	OSITION (Name of cometery, cremetory or	06 -11	- City or Town, State		
	4 Donetion 5 Other (Specify)	Mendon	reidge Mem.		dge MD.		
	21. SIGNATURE OF FUNERAL SERVICE LICENS	IEE /	2. NAME AND ADDRESS OF FA	CILITY ACIC FUNER.	AL Homes		
	Y lowerfally	Slub Mous.		# City Mi			
	23. PAPT i. Enter the diseases, or com	7					
	ahock, or heert failure. List	only one cause on each line.			interval Between Onset and Death		
	IMMEDIATE CAUSE (Final disease or condition				Olicot allo Doddi		
1	resulting in daath) a	Acute subdural					
	_	DOE TO (OT NO A CONCECUENCE	o.,		į l		
CERTIFICATION	Sequentially liet conditions, b	DUE TO (OR AS A CONSEQUENCE	OF):				
E	If any, leading to immediate cause. Entar UNDERLYING						
윤	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A CONSEQUENCE	OF):				
E	resulting in death) LAST						
빙	U						
SAL	PART II. Other algnificant conditions c		, , , , , , , , , , , , , , , , , , , ,	Pert i. 24e. WAS AN AUTOPS PERFORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO		
2	<u>Cirrhosis of th</u>	he liver due to al	coholic abuse	1 X YES 2 NO	COMPLETION DF CAUSE DF DEATH?		
ME I					1 K) YES 2   NO		
PHYSICIAN: MEDI							
₹	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		26. PLACE OF DEATH (Ch	eck only one)			
SIC		IOSPITAL: □ Inpetient 2 🖔 ER/Outpetient 3 🗆 DOA	OTHER: 4  Nursing Nome 5  Residence	6 Other (Specify)			
۱ ځ	27. MANNER OF DEATN	28e. DATE OF INJURY (Month, Day, Year) 28b. Ti	IME OF 28c. INJURY AT WORK?	28d. DEŞCRIBE NOW INJURY O	OCCURED		
7	1 Netural 5 Pending	Unknown	M 1 YES 2XXNO	Subject fel	1		
) BY	2 X Accident investigation 3 Suicide 8 Could not be	26e, PLACE OF INJURY - At home, farm	, street, factory, office	28t, LOCATION (Street end Num	ber or Rural Route Number,		
茰	4 Nomicide determined	building, atc. (Specify)	me .	8669 Rt. 108. Columbia. Md.			
E	290. CERTIFIER 1 CERTIFYING PHYSICIA						
COMPLETED	(Orlock Orly)	N: To the best of my knowledge, death occur.  On the basic of examination and or investiga					
8		Δ - Δn / \		C			
BE	296 SIGNATURE AND TITLE OF CERTIFIER	ysell 1	29c. LICENSE NU		ATE SIGNED (Month, Day, Year)		
0	(Noune ) to	Druck)		ME	1-8-90		
		CALIFOR OTHER CALIFOR OF DESCRIPTION OF THE PARTY.	na Prific				
	30. NAME AND ADDRESS OF PERSON WHO C		2000000	D-1.	MJ 01001		
-	Mario F. Golle	Jr., MD, Assistant	111 Penn St	reet Baltim	ore, Md. 21201		
_			111 Penn St	reet Baltim	ore, Md. 21201		

DHMH-16 Rev 1/89

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DIVISION OF VITAL RECORDS, P.O. BOA 13146	HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within
5	OR
	HOSPITAL

		1. DECEDENT'S NAME (First, Middle, Last)  ALICE M. F	FICE Alic	e Mae Pr		OF DEA	III			GEAR O	3. TIME OF OEATH A
		4. SOCIAL SECURITY NUMBER 274-03-8749	5. SEX 6. AGE	(In yrs. lest birthday		EAR IF UNDER	R 24 HRS.	7. DATE OF BIRTH (Month, Day, Year) June 14,		8. BIRTH Count Oh:	IPLACE (State or Foreign Ty)
Ÿ	TOR	80. FACILITY NAME (If not institution, give HARFERD MEM RESIDENCE OF DECEDENT		SPITAL		WRE D		EATH OF		NTY OF D	
permit, Page	L DIRECTOR	10e. STATE 10b. COUNT Maryland Harf 10e. STREET AND NUMBER			re de				T 40 - 017	TEN OF	10d. INSIDE CITY LIMITS? 1 YES 25 NO WHAT COUNTRY?
isi	FUNERAL	505 Congress Ave			21078				US	SA	
the hospital or attending physician, detached for use as the burial-transit once.	ВУ	11. MARITAL STATUS  1 Never Married 2 Married  3 Wildowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR	2 NO	If y		en, Mexica	can, Puerto Rican, etc.) Black, White,			
	COMPLETED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	Iffe. Do NOT		ng most of worki	ing	HOSP		DUSTRY	
3 E	BE COM	17. FATHER'S NAME (First, Middle, Lest)  Allie — Davis  19. MOTHER'S NAME (First, Middle, Maiden Surname)  Sarah Elizabeth Spence  19a. INFORMANT'S NAME (Type/Print)  19b. MAILING ADDRESS (Street and Number or Burst Route Number, City or Town, State, Zip Code,							ncer		
be retained t ge 5 should e notified	10	19a. INFORMANT'S NAME (Type/Print) Walter K. Cole						Point, Md.			
2 8 6		20s. METHOD OF DISPOSITION  1 X Burlel 2 Cremation 3 Rer  4 Donation 6 Other (Specify)	novel from State	b. PLACE OF DISP other place)	OSITION (Name	of cemetery, cre-	matory or	20c, L	OCATION —	City or To	wn, Siete Maryland
death. Page e funeral dire ii.		21. SIGNATURE OF FUNERAL SERVICE L	me Con	laryland	22. NA HOW 131	me and adore rard K. 7 Coke	McC sbur	Comas III l Ty Road, Al	Funera	al H	ome PA
usecuted within zamours aft and completely filled in by burial, cremation, or remo natic event, the medica	ION	immediate CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate	a. ONG OF AS	A CONSEQUENCE	Part	for di	ilu Sla	set as cardiec or real	piratory and	nost,	Approximata interval Between Onset and Dasti
th certificate ending phy Hygiene p	ERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	c. TRADO DUE TO (OR AS	A CONSEQUENCE	OF):	prd(0)	1050	ular	d 15e	ase	
requires that the den signed by the of Health and Me thouse any injure.	MEDICAL C	PART II. Other algorificant condition	ne contributing to deeth	but not resultin	g in the unde	orlying cause	given in		N AUTOPSY DRMED? 2 (1) NO	240	). WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
The law the has bate Dept.	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	26. PLACE OF I	DEATH (C	heck only one)			
PHYSIC this ce with th	у РНУ	1 YES 2 T MO  27. MANNER OF DEATH  1 Manural 6 Pending Investigation	28a. DATE OF INJURY (Month, Day, Year)	26h 1	4 Nursin	G Home 5 R		6 ☐ Other (Specify)  28d. DESCRIBE HOW	INJURY OC	CURED	
TTENDII OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREE	ETED B	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJUF building, etc. (Sp	IY — At home, farm	n, street, factory	r, offica		281. LOCATION (Stree City or Town, Stell		r or Pural	Route Number,
E BE	COMPLE	000)	ER: On the basis of examinat								s) and manner as stated.
TO THE HOSPI TO THE FUNEF be filed within	O BE	10 ug to - K	Dur. M.D	_		29c. LK	t C	MBER 3	29d. DAT	E SIGNED	(Mofith, Day, Year)

IM 308 S. UM
32. REGISTRAR'S SIGNATURE
Grand Savidson-Randalle

JAN 11 '90

	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
TRAR	CERTIFICATE OF DEATH	REG. NO.

FOR STATE REGISTRAR	STATE OF MARY	LAND / DEPARTI			MENTAL HYGIENE REG. NO.				
1. DECEDENT'S NAME (First, Middle, IVERNON	Elmer	Penne	will		2. DATE OF DEATH WONTH 01/14/9	0 , YEAR	3. TIME OF DEATH 3:00a M		
4. SOCIAL SECURITY NUMBER 212-42-4019	5. SEX 6. AGE	"	ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIFTH (Month, Dev. Vega) 02/28/43	s. Bir Coo MI	ITHPLACE (State or Foreign intry)		
Peninsula Gen	eral Hospital				ATH		WICOMICO		
Peninsula Gen RESIDENCE OF DECEDEN 100. STATE 100. STREET AND NUMBER 800 Lynnhaven 11. Marifal Status	orcester	Poco	TOWN OR LOCAT	TION			10d. INSIDE CITY LIMITS?  1 YES 2 NO		
100. STREET AND NUMBER 800 Lynnhaven	Drive		101	ZIP CODE 218	51	1 10g. CITIZEN OF U.S.A			
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	2 NO	If yes, sp		NIC ORIGIN? (Specify Year on, Puerto Ricen, etc.)	fee or No— 14. RACE — American Indi Black, White, atc. Specify White			
15. DECEDENT'S (Specify only highest Elementary/Secondary (0-12)  17. FATHER'S NAME (First, Middle, Las		18a. DECEDENT'S US (Give kind of wor life. Do NOT use i Deckhar	rk done during mo retired.)		16b. KIND OF BUSH				
17. FATHER'S NAME (First, Middle, Lee Vernon Pennew					ME (First, Middle, Maiden S ne Unknown	urname)			
190. INFORMANT'S NAME (Type/Print) Mrs. Carole J		19b. MAILING A 800 Lyr			Pocomoke		1D 21851		
20a. METHOD OF DISPOSITION 1 Burial 2 Cremation 3 C 4 Donation 6 Other (Specify)	Removal from State	ob. PLACE OF DISPOSIT Glen Haver	ION (Name of cer	netery, cremetory or		ATION — CIIy or Burnie	Town, Stata		
21. SIGNATURE OF FUNERIAL SERVIN	DELICENSEE	1	1	O Funer		tchie E erna Pa	Wy. ark MD 21146		
IMMEDIATE CAUSE (Final disease or condition resulting in deeth)	lure. List only one cause on	eech line.			Cooding  Cooding  Le Ascul		Approximate interval Between Onset and Deeth 5 Cours		
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	G	A CONSEQUENCE OF):		<i>a</i> •	is janualic				
PART II. Other algoliticant con-	ditione contributing to death	but not resulting in	the underlyin	g ceuse given in	Part I. 24a, WAS AN A PERFORM 1 VES 2	AED?	27 AVAILABLE PRIOR TO		
25. WAS CASE REFERRED TO MEDIC EXAMINER? 1 VES 2 NO	HOSPITAL:		OTHER:	LACE OF DEATH (C	6 Other (Specify)				
27. MANNER OF DEATH	26a. DATE OF INJUR (Month, Day, Year	Y 28b. TIME	OF 28c. IN.	PURY AT DRK?	28d. DESCRIBE HOW IN	JURY OCCURED			
a C autit	28s. PLACE OF INJU building, etc. (S	JRY — At home, farm, street, factory, office			261, LOCATION (Street and Number or Rural Route Number, City or Town, State)				
(Oraca oray	29s. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the lime, data and place, and due to the cause(a) and manner as stated.								
29b. SIGNATURE AND TITLE OF CER	TIFIER Gyffinne	1 M.D		DI76	86	► 1-13	MED (Month, Day, Year)		
	Falilianceki	DEATH (ITEM 27) (Type, F	306 K	ay Ave	_ Salis 6	ury,	Md 21801		
JAN 23	1990 Julia Davido	GHATURE on Mandall				0			

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31. DATE FILEO (Month, Day, Year) JAN 1 2 '90

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Michael A. Leatherwood, M.D. PO Box 249 Waldorf, MD 31. DATE FILEO (Mornit, Day, Year) | 32. REGISTRAR'S SIGNATURE

Lulia Davidson-Rondall

	1. DECEDENT'S NAME (First, Middle, Andrew	Pryor						2. DATE MONT	OF DEATH D		YEAR	3. TIME OF DEATH 9 ; 02A
	4. SOCIAL SECURITY NUMBER 213-16-9382	TX M 2 ☐ F	6. AGE (In yrs. le	st birthdey) YRS.	IF UNDER 1 YE		F UNDER 24 HRS. OURS MIN.	7. DATE (Monti	OF BIRTH h, Day, Year) 4, 19	•	. BIRTH Countr	PLACE (State or Foreign) LAND
OR	9a. FACILITY NAME (If not institution, PHYSICIANS 1	MEMORIAL	AL	96. CITY, TO		TA		, -	9c. COUNT		EATH	
DIRECTOR		DUNTY			Y, TOWN OR LO	OCATION	N					10d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER						P CODE			10g. CITIZE	N OF V	1 ☐ YES 2 1 NO WHAT COUNTRY?
TO BE COMPLETED BY FUNERAL	STAR ROUTE 2 BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO	12. WAS DECEDED	NT EVER IN U.S.A. I YES 2 MAR OR DATES	RMED NO	If yes	DECEN	DENT OF HISPAN by Cuben, Mexica Z NO Specify	n, Puerto		UNITE or No 1	4. RACE	— American Indian, c, White, etc.
	18. DECEDENT: (Specify only highest Elementary/Secondary (0-12)	B EDUCATION grade completed) College (1-4 or 5	2	ECEDENT'S Give kind of a. Do NOT u	USUAL OCCU work done durin se retired.)	PATION g most o	of working	16b	. KIND OF BU	SINESS/INDU	STRY	
	7TH GRADE	NONE	CO	NSTRU	CTION					RUCTIO	N	
	17. FATHER'S NAME (First, Middle, La CHARLES HENRY	•					a. mother's na DA HAWK		Middle, Malden	Sumame)		
	19a. INFORMANT'S NAME (Type/Print		1	Db. MAILING	AODRESS (St		Number or Rural I		ber, City or Tow	rn, Stete, Zip C	ode)	
	AGNES L. PRYOR			STAR	ROUTE	#2	BOX 230	)1 LA	PLATA	A. MAR	YLA	ND 20646
	20a. METHOD OF DISPOSITION  ♣CQBurial 2 ☐ Cremation 3 ☐	Removal from State	20b. PLACE	OF DISPO	SITION (Name o	of comete	ery, crematory or		20c. LO	CATION — CH	ty or To	wn, State
	#CXSurial 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify)  ST. JOSEPH'S CHURCH CEMETERY  POMFRET, MARYLAND  21. SIGNATURE OF FUNERAL SERVICE LICENSEE  L  22. NAME AND ADDRESS OF FACILITY											
	23. PART I. Enter the disease abook, or haart fall IMMEDIATE CAUSE (Finel disease or condition resulting in death)	llure. List only one ce	io Pul:	e. mona	ry Ar			11 35 001	diec or reep	iretory sirret	ot,	Approximate interval Bets Onset and D
CATION	DUE TO (OR AS A CONSEQUENCE OF):  Sequentially list conditions, if any, leeding to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that inlitted exercises.)  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):											
<b>LIFICATION</b>	If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	с		OUENCE O	F):	eas						
CERTIFICATION	If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	с		OUENCE O	F):	eas				- 10		
MEDICAL	If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	c	OR AS A CONSI	OUENCE O	P):			Part I.	24e. WAS AN PERFO	RMED?	24b	. WERE AUTOPSY FIND AMAILABLE PRIOR TO COMPLETION OF CAL OF DEATH? 1 YES 2 NO
SICIAN: MEDICAL	If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	d	O (OR AS A CONSI	EQUENCE O	in the under	flying c	cause given in	eck only o	PERFOI	RMED?	24b	AVAILABLE PRIOR TO COMPLETION OF CAL OF DEATH?
PHYSICIAN: MEDICAL	If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant con  25. WAS CASE REFERRED TO MEDIC EXAMINER?  1  YES 2 NO  27. MANNER OF DEATH  1 Netural 8 Pending	d	O (OR AS A CONSI	COUENCE O	OTHER: 4 Nursing	rlying c	CE OF DEATH (Ch	eck only o	PERFOI	RMED? 2 ☑ NO		AVAILABLE PRIOR TO COMPLETION OF CAL OF DEATH?
TED BY PHYSICIAN: MEDICAL CERTIFICATION	If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant con  25. WAS CASE REFERRED TO MEDIC EXAMINER?  1  YES 2 NO  27. MANNER OF DEATH  1 Netural 8 Pending	d	O (OR AS A CONSI	FOUENCE O	OTHER: 4 OF 284 JURY M 1	riying c	cause given in	6 Other	PERFOI  1 YES :	RMED?  2 NO  INJURY OCCU	JRED	AMALABLE PRIOR TO COMPLETION OF CAL OF DEATH?  1 YES 2 NO
D BY PHYSICIAN: MEDICAL	If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant con  25. WAS CASE REFERRED TO MEDIC EXAMINER?  1 VES 2 NO  27. MANNER OF DEATH  1 Netural 8 Pending Investig 2 Accident 3 Suicide 8 Could of detarmil Check only 1 CERTIFYING (Check only 1 CERTIFYING CAUSE)	d	Of INJURY — At It, etc. (Specify)	COUENCE O  COUENCE O  resulting  3 □ DOA  20b. Tiff IN  come, farm,	OTHER: 4 Nursing AE OF JURY M 1 street, factory,	Home Home Yes Office	E OF DEATH (Ch. 5	8 Other	PERFO  1 YES :  Per (Specify)  SCRIBE HOW  CATION (Street or Town, State	INJURY OCCU	JRED v Aural I	AMALABLE PRIOR TO COMPLETION OF CAI OF DEATH?  1 YES 2 NO

**DHMH-16 Rev 1/89** 

20604-0249

TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within armours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-tran be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunial, cremation, or removal.	matic event, the medical examiner must be notified at once.	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fill be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Hem 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

								90	01984
	FOR 1 STATE	STATE OF MARYL				MENTAL H	YGIENE		
	REGISTRAR  1. DECEDENT'S NAME (First, Middle, Last)		CERTIF	CATE OF	DEATH	2, DATE OF	EG. NO.	T <sub>2</sub>	TIME OF DEATH
		ALLEGON			DILL	MONTH	DAY	YEAR 3.	0840 H
	HENRY  4. SOCIAL SECURITY NUMBER	ALLISON 6. AGE	(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF E	O Q	8. BIRTHPL	ACE (State or Foreign
	189-10-8525	M2 F	83 YRS.	MONTHS DAYS	HOURS MIN.	(Month, De		Country)	SYLVANIA
	9a. FACILITY NAME (If not institution, give street	et and number)	<u></u>	9b. CITY, TOWN (	OR LOCATION OF D		9c. cou		
E I	PENINSULA GENERAL	HOSPITAL		SAL	ISBURY.	ΜΛ Ο ΥΙΛΙ	un l	ICO	
DIRECTOR	RESIDENCE OF DECEDENT  10a, STATE  10b, COUNTY				PARTLA	10 1			
E		T.00		, TOWN OR LOCAT					d. INSIDE CITY LIMITS?
	MARYLAND WICOM	100		SALISBUR	, ZIP CODE		I 10a, CITI		T COUNTRY?
FUNERAL	320 GLEN AVE				0.100	•		USA	
3		2. WAS DECEOENT EVER		13. WAS DEC	218() ENDENT OF HISPA	NIC ORIGIN? (S	pecify Yes or No-	14. RACE	American Indian,
	1 Never Married 2 Married	FORCES? 1 YES			ecify Cuban, Mexic		1, efc.)	Black, W Specify:	/hite, etc.
) BY	3 X Widowed 4 Divorced								WHITE
ETED	15, DECEDENT'S EDUCA (Specify only highest grade of	mpleted)	16a. DECEDENT'S (Give kind of v	USUAL OCCUPATION  work done during more retired.)	ON ost of working	16b. KIA	O OF BUSINESS/INC	DUSTRY	
12	Elementary/Secondary (0-12) UNK	College (1-4 or 5+) UNK	MACHIN				COMEDINA	NT II.	
COMPL	17. FATHER'S NAME (First, Middle, Last)	ONK	I MONTH.	131	18. MOTHER'S N		GOVERNME!	NI- 08	
m O	CLARK		PAUL		ANNA			UMK	
00	19a. INFORMANT'S NAME (Type/Print) F.X.	C. OF ESTAT		ADDRESS (Street	and Number or Rural	Route Number, (	City or Town, State, Zip		
임	ELIZABETH BEHR		55 CE1	DARHURST	VILLAGE	E, SALI	SBURY, MI	218	801
	70s. NETHOD OF DISPOSITION	90 al from Stata	b. PLACE OF DISPOS				20c. LOCATION -		, State
	4 Donetton 5 Other (Specify)		PRINGHIL				HEBRON.	MD	
	21. SIGNATURE OF PENERAL SEPURCE LICES	O MM		HOLLO	WAY FUNE	ACILITY CRAT. HO	ME PA		
	Wi trat au	& Mullo	elle	4			ALISBURY	MD	21801
	23. PART I. Enter the diseases, or co shock, or heart fellure. Li	mplications that couse	d the death. Do	ot anter the mo	de of dying, su	ch as cardiec	or respiratory sr	rest,	Approximate
	IMMEDIATE CAUSE (Finel	only one cause on	macri mile.						Onset and Dasth
	disesse or condition	Ron	ul tail	(ac)					1626
		DUE TO (OR AS	A CONSEQUENCE OF	F):					
NO	Sequentially list conditions, b.	DUE TO (OR AS	A CONSEQUENCE OF	η,					
CATION	if sny, leading to immediate cause. Enter UNDERLYING	0.0	tik D.	· de					İ
띮	CAUSE (Disease or injury thet initiated events	DUE TO (OR AS	A CONSEQUENCE OF	7:					
ERTIFI	resulting in death) LAST								
0	PART II. Other significent conditions	contributing to death	but not regulting	in the underlyin	a cause alven i	Part I 24	II. WAS AN AUTOPSY	245 W	EDE AUTOROV PINIDINOS
MEDICAL		oonand to dayin	out not readiting	in the discorryin	g cause given i		PERFORMED?	A	ERE AUTOPSY FINDINGS MILABLE PRIOR TO OMPLETION OF CAUSE
						—   ¹	YES 2 KNO	0	F DEATH?
								1	YES 2 NO
SICIAN	25. WAS CASE REFERRED TO MEDICAL			26. P	LACE OF DEATH (C	heck only one)			
Sic		HOSPITAL:	tpetient 3 DOA	OTHER:	ne 5 🗆 Realdence		pecify)		
РНУ	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)		E OF 28c. IN.	JURY AT		BE HOW INJURY OC	CURED	
ВУ	1 X Natural 5 Pending 2 Accident Investigation	(morni, say, roar)			YES 2 NO				
ED E	3 Suicide 8 Could not be	28e. PLACE OF INJUR building, etc. (Spi	Y At home, farm, a	street, factory, offic	on .	28f. LOCATIO	ON (Street and Number own, State)	r or Rural Rou	te Number,
ETE	4 Homicide determined			-					
PL	enel -	AN: To the best of my kno							
COMPL	one) 2 MEDICAL EXAMINER:	On the basis of exeminati	on and/or investigation	n, in my opinion,	death occured at th	e time, date and	place, and due to t	he cause(a) a	nd menner as stated.
ш	296. SIGNATURE AND TITLE OF CERTIFIER	7			29c. LICENSE NI		29d, DAT	E SIGNED (M	fonth, Pay, Year)
80	111N	/			D 15	089		2 1/2.	40

560 RIVERSIDE DR, SALISBURY, MD

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Andrew Forgash 560 RIVERSIDE

32. REGISTRAR'S SIGNATURE

31. DATE FILED (Month, Day, Year)

21801

BALTIMORE, MARYLAND 21203-3146	ALOR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physical	AL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burla
BALTIMORE	ifter death. Page 6 may	y the funeral director, pa
13146,	executed within 24 hours	and completely filled in b
<b>3DS, P.O. BOX</b>	at the death certificate be	intificate has been signed by the attending physician and completely filli
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	YSICIAN: The law requires the	s certificate has been signed
DIVISION O	AL OR ATTENDING PH	AL DIRECTOR: After this

2

BENITO

tached for use as the burial-transit permit. hospital or attending physician. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certinicate be executed writing and completely filled in by the funeral director, page 5 should be detached to THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlat, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

43	REGISTRAR  1. DECEDENT'S NAME (First, Middle, Lest)	OLITTI	2. DATE OF			REG. NO.  E OF DEATH  3. TIME OF DEA			_		
	HARRIETT S.	HARRIETT S.			atena	tt.	January	DAY	1990	2146	M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In y	rs. lest birthday)	IF UNDER I YEAR		7. DATE OF BIRTI (Month, Day, Ye			IPLACE (State or Fore)	ign
ı	218-24-7471	1 ☐ M 2 💢 F	58	YRS.	MONTHS DAY	B HOURS MIN.	3-5-193		Md.	(4)	
	9a. FACILITY NAME (If not institution, give atreet and number)  9b. CITY, TOWN OR LOCATION OF DEATH						9c. CO	UNTY OF D	EATH		
5	PENINSULA GENERAL HOSPITAL				SAL	ISBURY 1	ΑΔΡΥΙ ΛΝΟ		LITCO	MICO	
5	RESIDENCE OF DECEDENT				Y, TOWN OR LO		MATERIAL		WICO	10d. INSIDE CITY	_
FUNERAL DIRECTOR		ssex		100.0	Laurel					LIMITS?	0
	10a. STREET AND NUMBER	SSEX			Daulei	101. ZIP CODE		10g. Cl	TIZEN OF V	WHAT COUNTRY?	
	511 E. 6th St.					19956		US			
	11. MARITAL STATUS	12. WAS OECEDER			13, WAS (	DECENDENT OF HISP	ANIC ORIGIN? (Speci	fy Yea or No-	14. RACI	E — American Indien.	
	1 Never Married 2 Married	FORCES?	YES :	NO	II yes,	specify Cuban, Mexic	an, Puerto Rican, et	C-)	Black Spec	E — American Indien, k, Whita, atc.	
6	3 Widowed 4 Divorced					Lo QO No apar			9,00	White	
COMPLEIED	15. OECEDENT'S EDU (Specify only highest grade		16	e. DECEOENT'S	USUAL OCCUPA	ATION most of working	16b. KIND O	F BUSINESS/IN	DUSTRY		
	Elementary/Secondary (0-12)	College (1-4 or 5			work done during se retired.)		Hom	e			
1		1		Homema	ker						
3	17. FATHER'S NAME (First, Middle, Lest)						AME (First, Middle, M	-			
u n	Herman Schultz			4			Neal Sc				
2	19a. INFORMANT'S NAME (Type/Print)					et and Number or Rura			(ip Code)		
	Joseph A. Patche	ττ			E. 6th St. Laurel, De. 19956						
	20s. METHOD OF DISPOSITION 1 1 Burlal 2 Cremetton 3 Removal from State 20b. PLACE OF DISPOSITION (Name of cometery, crematory or other place) 20c. LOCATION — City or Town, State							name State			
	1 V Burial 2 Cremetion 3 Ann	noval from State	ot	her place)							
	1 Donation 8 Other (Specify)		ot	her place)	der Cem	etery	P	reston			
	1 V Burial 2 Cremetion 3 Ann		ot	her place)	der Cem	etery	PACILITY	reston	, Md	•	ıc.
	1 Maurial 2 Cremetion 3 Ren 4 Donation 8 Dither (Specify) 21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE A	Jun	ior Or	der Cem Shor	etery  AND ADDRESS OF F  T Windson  Box 678	P P P P P P P P P P P P P P P P P P P	reston	eral		ıc.
	1 M Burial 2 Cremetion 3 Ren 4 Donation 8 Dither (Specify) 21. SIGNATURE OF FUNERAL SERVICE LI  23. PART I. Enter the diseases, or	CENSEE  Complications the	Jun Jun	ior Or	der Cem Shor	etery  AND ADDRESS OF F  T Windson  Box 678	P P P P P P P P P P P P P P P P P P P	reston	eral	Home, In	ia .
	1 M Burial 2 Cremetion 3 Ren 4 Donation 8 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LI  23. PART I. Enter the diseases, or shock, or heart failure.  IMMEDIATE CAUSE (Final	CENSEE  Complications the	Jun Jun	ior Or	der Cem Shor	etery  AND ADDRESS OF F  T Windson  Box 678	P P P P P P P P P P P P P P P P P P P	reston	eral	Home, In	ia Ween
	1 Surial 2 Cremetion 3 Ren 4 Donation 8 Dither (Specify) 21. SIGNATURE OF FUNERAL SERVICE LI  23. PART I. Enter the diseases, or shock, or heart failure.	CENSEE  Complications the	Jun Jun	ior Or	der Cem Shor	etery  AND ADDRESS OF F  T Windson  Box 678	PACILITY Disharo Laurel.	reston	eral	Home, In	ia Ween
	1 Maurial 2 Cremetion 3 Ren 4 Donation 8 Dither (Specify) 21. SIGNATURE OF FUNERAL SERVICE LI  William 23. PART I. Enter the diseases, or shock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition	CENSEE  Complications the List only one ca	Jun	ior Or	der Cem 22. NAME Shor P. O. not enter the	etery AND ADDRESS OF F T Windson Box 678 mode of dying, au	PACILITY Disharo Laurel.	reston	eral	Home, In	a ween
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d within 24-nours after death, Page 6 may be retained by the hospital or attending phys	er this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit permit. Pages 1, 2, 3	cremanon, or i	£
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IT MATTER TANUE    The WATER TO PROPERTY OF THE PARK ORDEROPT OF RESPARCE ORDER (Paperty 1 to or No	10e. STREET AND NUMBER			101	I. ZIP CODE		10g. CITIZEN						
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Class based of work does during most of working Benerotary (% 12)   College (*1 or 5 *1)	1 Never Married 2 💹 Merried	FORCES? 1	FORCES? 1 YES 2 TO NO		13. WAS OECENDENT OF HISPAN If yes, specify Cuben, Mexice			en, Puerto		e or No—	Blac	Black, White, atc.	
Homemaker   Homemaker   Own Home			16a. DE	CEDENT'S	S USUAL O	CCUPATIO	ON ost of working	168	. KIND OF BU	ISINESS/IN	DUSTRY		
Topon		College (1-4 or 5 e	•)						Own I	Home			
196. INFORMANT'S NAME (***PoorPrint)  Nicholas C. Parrish  190. BETHOD OF DISPOSITION  100. METHOD OF DISPOSITION  100. METHOD OF DISPOSITION  100. METHOD OF DISPOSITION  100. METHOD OF DISPOSITION  100. METHOD OF DISPOSITION  100. METHOD OF DISPOSITION  100. METHOD OF DISPOSITION  100. METHOD OF DISPOSITION  100. METHOD OF DISPOSITION  100. METHOD OF DISPOSITION  100. METHOD OF DISPOSITION  100. METHOD OF DISPOSITION  100. METHOD OF DISPOSITION  100. METHOD OF DISPOSITION  100. METHOD OF DISPOSITION  100. METHOD OF DISPOSITION  100. METHOD OF DISPOSITION  100. METHOD OF DISPOSITION  100. METHOD OF DISPOSITION  100. METHOD OF DISPOSITION  100. METHOD OF DISPOSITION  100. METHOD OF DISPOSITION  100. METHOD OF DISPOSITION  100. METHOD OF DISPOSITION  100. METHOD OF DISPOSITION  100. METHOD OF DISPOSITION  100. METHOD OF DISPOSITION  100. METHOD OF DISPOSITION  100. METHOD OF DISPOSITION  100. METHOD OF DISPOSITION  100. METHOD OF DISPOSITION  100. METHOD OF DISPOSITION  100. METHOD OF DISPOSITION  100. METHOD OF DISPOSITION  100. METHOD OF DISPOSITION  100. METHOD OF DISPOSITION  100. METHOD OF DISPOSITION  100. METHOD OF DISPOSITION  100. METHOD OF DISPOSITION  100. METHOD OF DISPOSITION  100. METHOD OF DISPOSITION  100. METHOD OF DISPOSITION  100. METHOD OF DISPOSITION  100. METHOD OF DISPOSITION  100. METHOD OF DISPOSITION  100. METHOD OF DISPOSITION  100. METHOD OF DISPOSITION  100. METHOD OF DISPOSITION  100. METHOD OF DISPOSITION  100. METHOD OF DISPOSITION  100. METHOD OF DISPOSITION  100. METHOD OF DISPOSITION  100. METHOD OF DISPOSITION  100. METHOD OF DISPOSITION  100. METHOD OF DISPOSITION  100. METHOD OF DISPOSITION  100. MEDICAL EXAMINET: On the best of my knowledge, desth occurred at the time, date and place, and due to the cause(s) and manner as stated.  100. MEDICAL EXAMINET: On the best of my knowledge, desth occurred at the time, date and place, and due to the cause(s) and manner as stated.  100. MEDICAL EXAMINET: On the best of my knowledge, desth occurred at the time, date and place, and due t		on,											
## DOARD OF DISPOSITION   Town, State   200. PLACE OF DISPOSITION (Name of camelany, cremetary) or other place)   200. PLACE OF DISPOSITION (Name of camelany, cremetary) or other place)   200. PLACE OF DISPOSITION (Name of camelany, cremetary) or other place)   200. PLACE OF DISPOSITION (Name of camelany, cremetary) or other place)   200. PLACE OF DISPOSITION (Name of camelany, cremetary) or other place)   200. PLACE OF DISPOSITION (Name of camelany, cremetary) or other place)   200. PLACE OF DISPOSITION (Name of camelany, cremetary) or other place)   200. PLACE OF DISPOSITION (Name of camelany, cremetary) or other place)   200. PLACE OF DISPOSITION (Name of camelany, cremetary) or other place)   200. PLACE OF DISPOSITION (Name of camelany, cremetary)   200. PLACE OF DISPOSITION (Name of camelany, cremetary)   200. PLACE OF DISPOSITION (Name of camelany, cremetary)   200. PLACE OF DISPOSITION (Name of camelany, cremetary)   200. PLACE OF DISPOSITION (Name of camelany, cremetary)   200. PLACE OF DISPOSITION (Name of camelany, cremetary)   200. PLACE OF DISPOSITION (Name of camelany, cremetary)   200. PLACE OF DISPOSITION (Name of camelany, cremetary)   200. PLACE OF DISPOSITION (Name of camelany, cremetary)   200. PLACE OF DISPOSITION (Name of camelany, cremetary)   200. PLACE OF DISPOSITION (Name of camelany, cremetary)   200. PLACE OF DISPOSITION (Name of camelany, cremetary)   200. PLACE OF DISPOSITION (Name of camelany, cremetary)   200. PLACE OF DISPOSITION (Name of camelany, cremetary)   200. PLACE OF DISPOSITION (Name of camelany, cremetary)   200. PLACE OF DISPOSITION (Name of camelany, cremetary)   200. PLACE OF DISPOSITION (Name of camelany, cremetary)   200. PLACE OF DISPOSITION (Name of camelany, cremetary)   200. PLACE OF DISPOSITION (Name of camelany, cremetary)   200. PLACE OF DISPOSITION (Name of camelany, cremetary)   200. PLACE OF DISPOSITION (Name of camelany, cremetary)   200. PLACE OF DISPOSITION (Name of camelany, cremetary)   200. PLACE OF DISPOSITION (Name of camelany, cremetary)   200. P		ri eh	19									21712	
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23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Fined CAUSE)  IMMEDIATE CAUSE (Inter the disease or condition)  Resulting in death)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING  CAUSE (Olsease or injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  24a. WAS AN AUTOPSY PERFORMED?  1 YES 2 NO  PART II. Other significant conditions contributing to deeth but not resulting in the underlying ceuse given in Part I.  25. WAS CASE REFERRED TO MEDICAL EXAMINERY  1 YES 2 NO  26. PLACE OF GEATH (Check only one)  27. MANNER OF DEATH  1 YES 2 NO  28. PLACE OF GEATH (Check only one)  28. DATE OF INJURY AT WORK?  1 Investigation  28. DATE OF INJURY AT NUMBER (Check only one)  28. DATE OF INJURY AT NUMBER (Check only one)  28. DATE OF INJURY AT NUMBER (Check only one)  28. DATE OF INJURY AT NUMBER (Check only one)  28. DATE OF INJURY AT NUMBER (Check only one)  28. DATE OF INJURY AT NUMBER (Check only one)  28. DATE OF INJURY AT NUMBER (Check only one)  28. DATE OF INJURY AT NUMBER (Check only one)  28. DATE OF INJURY AT NUMBER (Check only one)  28. DATE OF INJURY AT NUMBER (Check only one)  28. DATE OF INJURY AT NUMBER (Check only one)  29. CERTIFIER (Check only one)  20. CERTIFIER (Check only one)  20. CERTIFIER (Check only one)  20. CERTIFIER (Check only one)  20. MEDICAL EXAMINER: On the best of my knowledge, deeth occurred at the time, date end place, and due to the cause(e) and manner as stated.	21. SIGNATURE OF FUNERAL SERVICE LI											-	. 1
Sequentielty list conditions, if any, leading to immediate cause. Entire UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CON	▶ John H. Bast,	Jr. Jehm	1 duc 11		22. B	NAME A	ND ADDRESS OF I	HOME	, Boo	onsbo	ro,	oro Pik Md. 217	e 13
25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1 YES 2 NO  26. PLACE OF OEATH (Check only one)  27. MANNER OF DEATH  1 Injection to 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify)  28. PLACE OF OEATH (Check only one)  27. MANNER OF DEATH  1 Mutural 5 Pending Investigation 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify)  28. PLACE OF INJURY AT WORK?  1 VES 2 NO  28. PLACE OF INJURY AT WORK?  1 VES 2 NO  28. DATE OF INJURY AI HORSE HOW INJURY OCCURED (Month, Day, Year)  28. PLACE OF INJURY AI HORSE HOW INJURY OCCURED (City or Rown, State)  28. PLACE OF INJURY — Ai home, farm, street, factory, office 28. LOCATION (Street and Number or Rural Route Number, City or Rown, State)  29. CERTIFIER (Check only one)  29. CERTIFIER (Check only one)  29. CERTIFIER (Check only one)  20. MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(e) and manner as at	John H. Bast,  23. PART I. Enter the diseases, or ahock, or heart failure.  IMMEDIATE CAUSE (Fine) disease or condition	complications the List only one cau	CO DASS	hucti	B not enter	AST r the mo	FUNERAL ode of dying, su	HOME	Boo	onsbo	roet,	Md. 217	e 13 meta Betwee
EXAMINER?  1 YES 2 NO  1 Inpetient 2 EP/Outpetient 3 DOA  4 Nursing Home 5 Residence 8 Other (Specify)  27. MANNER OF DEATN  1 Interior 5 Pending Investigation  3 Suicide 8 Could not be determined  28e. PLACE OF INJURY — All home, farm, street, factory, office  29e. CERTIFIER (Check only one)  29e. CERTIFIER (Check only one)  2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(e) and manner as at	John H. Bast,  23. PART I. Enter the diseases, or shock, or heart failure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	complications the List only one cau  a. DUE TO  DUE TO	(OR AS A CONSE	OUENCE	npt enter	AST r the mo	FUNERAL ode of dying, su	HOME	Boo	onsbo	roet,	Md. 217	e 13
EXAMINER?  1 YES 2 NO  1 Inpatient 2 ER/Outpetient 3 DOA  27. MANNER OF DEATN  1 Investigation  2 Accident  3 Suicide  4 Nomicide  8 Could not be determined  28e. PLACE OF INJURY — All home, farm, street, factory, office  29e. CERTIFIER  (Check only one)  29e. MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(e) and manner as at	John H. Bast,  23. PART I. Enter the diseases, or shock, or heart failure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	complications the List only one cau  a. Due To  b. Due To  d. Due To	(OR AS A CONSE	OUENCE C	npt enter	AAST r the mo	FUNERAL  ode of dying, au  Belere	HOME	diac or reap  Aprend	onsbo	ro,	Approximatory  Approximatory  Approximatory  Approximatory  Approximatory  Approximatory  Approximatory  Approximatory  Approximatory  Approximatory  Approximatory  Approximatory  Approximatory  Approximatory  Approximatory  Approximatory  Approximatory  Approximatory  Approximatory  Approximatory  Approximatory  Approximatory  Approximatory  Approximatory  Approximatory  Approximatory  Approximatory  Approximatory  Approximatory  Approximatory  Approximatory  Approximatory  Approximatory  Approximatory  Approximatory  Approximatory  Approximatory  Approximatory  Approximatory  Approximatory  Approximatory  Approximatory  Approximatory  Approximatory  Approximatory  Approximatory  Approximatory  Approximatory  Approximatory  Approximatory  Approximatory  Approximatory  Approximatory  Approximatory  Approximatory  Approximatory  Approximatory  Approximatory  Approximatory  Approximatory  Approximatory  Approximatory  Approximatory  Approximatory  Approximatory  Approximatory  Approximatory  Approximatory  Approximatory  Approximatory  Approximatory  Approximatory  Approximatory  Approximatory  Approximatory  Approximatory  Approximatory  Approximatory  Approximatory  Approximatory  Approximatory  Approximatory  Approximatory  Approximatory  Approximatory  Approximatory  Approximatory  Approximatory  Approximatory  Approximatory  Approximatory  Approximatory  Approximatory  Approximatory  Approximatory  Approximatory  Approximatory  Approximatory  Approximatory  Approximatory  Approximatory  Approximatory  Approximatory  Approximatory  Approximatory  Approximatory  Approximatory  Approximatory  Approximatory  Approximatory  Approximatory  Approximatory  Approximatory  Approximatory  Approximatory  Approximatory  Approximatory  Approximatory  Approximatory  Approximatory  Approximatory  Approximatory  Approximatory  Approximatory  Approximatory  Approximatory  Approximatory  Approximatory  Approximatory  Approximatory  Approximatory  Approximatory  Approximatory  Approximatory  Approximatory  Approximatory  Approx	meta Between nd Death My S FINDING PRITO FCAUSE
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Samuel Chan, M. D. 1185 Mt. Aetna Rd., Hagerstown, Md. 21740	23. PART I. Enter the diseases, or shock, or heart failure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant conditions.  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATN  1 Medicial 5 Pending Investigation 3 Suicide 8 Could not be datermined  29e. CERTIFIER (Check only one) 2 MEDICAL EXAMIN	Complications the List only one cau  a. Due to b. Due to c. Due to d. Due to d. Due to d. Due to d. Due to d. Due to d. Due to d. Due to d. Due to d. Due to d. Due to d. Due to d. Due to d. Due to d. Due to d. Due to d. Due to d. Due to d. Due to d. Due to d. Due to d. Due to d. Due to d. Due to d. Due to d. Due to d. Due to d. Due to d. Due to d. Due to d. Due to d. Due to d. Due to d. Due to d. Due to d. 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	R: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 sh	er death with the State Dept. of Health and Mental Hygiene prior to burial. cremation, or removal.
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FOR STATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
REGISTRAR	CERTIFICATE OF DEATH	REG. NO.
DECEDENT'S NAME (First, Middle, Last)	2 DATE (	DE DEATH

	REGISTRAR		CERTIFI	CATE OF	DEATH	REG. N	0.		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH			3. TIME OF DEATH
	JOSEPHINE F	OULTER				MONTH	DAY O 2	YEAR	7/ M
	4. SOCIAL SECURITY NUMBER 6. SEX		s. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		9 () a. BIRTNI	PLACE (State or Foreign
	227-38-4727 1 DM 2 B	§F 85	YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year) 9-18-19	04	Country	ryland
TOR	Sa. FACILITY NAME (If not institution, give street and number  Meridian Nursing Home RESIDENCE OF DECEDENT	9r)			or location of di sville	EATH	9c. COUNT	ry of De Ltim	
2	10a. STATE 10b. COUNTY		100 CITY	, TOWN OR LOCA	TION				
DIRECTOR	Virginia Ports	nouth		Portsmo					10d. INSIDE CITY LIMITS?  1 X YES 2 NO
FUNERAL	100. STREET AND NUMBER 101 Kirby St	treet		10	f. ZIP CODE	23702	10g. CITIZ		S. A.
Ž		EDENT EVER IN U.S	S. ARMED	13. WAS DE		NIC ORIGIN? (Specify	Yea or No		- American Indian,
BY FI		1 YES 2		If yes, s	ocify Cuban, Mexica 3 2 NO Specif	in, Puarto Rican, atc.)		Specify	White, atc.
TED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	164	Give kind of w	USUAL OCCUPATI rork done during me retired.)	ON ost of working	16b. KIND OF E	BUSINESS/INDU	STRY	
COMPLETED	Elementary/Secondary (0-12) College (1-4	or 5+)		emaker		D	omestic	2	
SON	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NA	ME (First, Middle, Meid			
BE		ne Catana			Anna				
2	19a. INFORMANT'S NAME (Type/Print)					Route Number, City or 7			04008
	Mrs. Marlene Kuhl	20h Pl	LOOY K	ITKWOOD	Road B	altimore,	Mary 18		
	Burial 2 Cremation 3 Removal from Sta 4 Donation 6 Other (Specify)	te oth	er place) 011	ve Bran	metery, cremetory or ch Cemeto	ery P			Virginia
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	11		22. NAME A	ND ADDRESS OF FA	CILITY Marzu			
	" michael V. ma	rgello	_	3981	Carrollt	on road	Upperco	,MD	. 21155
	23. PART I. Enter the diseases, or complication shock, or heart feliure. List only on IMMEDIATE CAUSE (Finel disease or condition resulting in death)	ps 15	line.						Approximate Interval Batween Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	LE TO (OR AS A CO C OST JE TO (OR AS A CO JE TO (OR AS A CO	NSEQUENCE OF PORTURNOE OF M. CATTO	1513	scal)	w/ische.	mg		
440	PART II. Other algnificant conditions contribution	ng to deeth but	not resulting l	n the underlyle	g cause given in	Part I. 24s. WAS	AN AUTOPSY		WERE AUTOPSY FINDINGS
4: MEDICAL							2 NO		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 3-NO
SA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				LACE OF DEATH (Ch	neck only one)			
Si	HOSPITA	t 2 ER/Outpatie	nt 3 🗆 DOA	OTHER:	ne 6 🗆 Realdence	6 Other (Specify)			
Y PHYSICIAN:	1 Netural 5 Pending (Mc	TE OF INJURY onth, Day, Year)	28b. TIMI	URY	JURY AT ORK? YES 2 NO	28d. DESCRIBE HOV	W INJURY OCC	URED	
TED BY	3 Suicide 2 Cantanana 28a. PL	ACE OF INJURY — Iding, etc. (Specify)	At home, farm, s	treet, factory, offi	ca	28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
COMPLETED	29e. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the beautiful one)  2 MEDICAL EXAMINER: On the beautiful one of the beautiful one of the beautiful one of the beautiful one of the beautiful one of the beautiful one of the beautiful one of the beautiful one of the beautiful one of the beautiful one of the beautiful one of the beautiful one of the beautiful one of the beautiful one of the beautiful one of the beautiful one of the beautiful one of the beautiful one of the beautiful one of the beautiful one of the beautiful one of the beautiful one of the beautiful one of the beautiful one of the beautiful one of the beautiful one of the beautiful one of the beautiful one of the beautiful one of the beautiful one of the beautiful one of the beautiful one of the beautiful one of the beautiful one of the beautiful one of the beautiful one of the beautiful one of the beautiful one of the beautiful one of the beautiful one of the beautiful one of the beautiful one of the beautiful one of the beautiful one of the beautiful one of the beautiful one of the beautiful one of the beautiful one of the beautiful one of the beautiful one of the beautiful one of the beautiful one of the beautiful one of the beautiful one of the beautiful one of the beautiful one of the beautiful one of the beautiful one of the beautiful one of the beautiful one of the beautiful one of the beautiful one of the beautiful one of the beautiful one of the beautiful one of the beautiful one of the beautiful one of the beautiful one of the beautiful one of the beautiful one of the beautiful one of the beautiful one of the beautiful one of the beautiful one of the beautiful one of the beautiful one of the beautiful one of the beautiful one of the beautiful one of the beautiful one of the beautiful one of the beautiful one of the beautiful one of the beautiful one of the beautiful one of the beautiful one of the beautiful one of the beautiful one of the beautiful one of the beautiful one of the beautiful one of the beautiful one of the beautif								and manner as stated.
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER	in his		t progra	DIZ	967	29d. DATE	SIGNED /	(Month, Day, Wer)
F	30. NAME AND ADDRESS OF PEASON WHO COMPLETED	CAUSE OF DEATH	(ITEM 27) (Type,	Print) MONDS	ON AVE. 21228		4		
	31. DATE FILED (Morith, Day, Year) 32. REG	HISTRAR'S SIGNATU	widson A	andell	61660				
	OHN TO GO	d		•					

IMPORTANT. If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

R ATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIEN	E
GISTRAR	CERTIFICATE OF DEATH REG. NO.	

FOR STATE REGISTRAR	STATE OF I	MARYLAND / DEPAR Certif	TMENT OF H		MENTAL HYGIEN REG. NO.	E		200
1. DECEDENT'S NAME (First, Middle, Lest) Elwood		Phelps			2. DATE OF GEATH	198	C. A.D.	SO A.
4. SOCIAL SECURITY NUMBER 213-12-1441	5. SEX	6. AGE (In yrs. lest birthdey) 72 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) NOV. 6, 19	917 N	BIRTHPLAC Country) Maryla	E (State or Foreign
ee. FACILITY NAME (If not institution, give AMI Doctors Hos	-		вь сіту, тоwн с Lanhaп	R LOCATION OF DE	ATH		of OEATH	orge's
Maryland Char	rles	10c. C11	y, town or locat				100	INSIDE CITY LIMITS? YES 2 K NO
100. STREET AND NUMBER Rt. 2, Box 163-		ontino Dd		. ZIP CODE			N OF WHAT	
11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced		T EVER IN U.S. ARMED	If yes, sp		IC ORIGIN? (Specify Yes n, Puerto Rican, atc.)	U.S.		merican Indian, ia, etc. nite
15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)		(Give kind of life. Do NOT u	,	et of working	nt Gas S			9
17. FATHER'S NAME (First, Middle, Last)  Elwood	Phelps			15. MOTHER'S NAI Ruth	ME (First, Middle, Melden Adams	Sumame)		The second
Marrie E. Phelps	5	Rt.2,	Box 163	-D, Mt.A	Noute Number, City or Tow ventine Rd	. Indi	lan He	
20e. METHOD OF DISPOSITION  1 X Burlal 2 Cremation 3 Here  4 Donation 5 Other (Specify)  31. EXAMATURE OF FUHERAL SERVICE L		20b. PLACE OF DISPO other place)	dar Hill	Cemeter		tland,	Md.	teta
23, PART I. Enter the drumbus, or ahock, or part fellure IMMEDIATE CAUSE (Final disease or condition resulting in death)	. List only ons cer	et caused the death. Do use on each line.	6160	Oxon Hi	11 Rd., Ox	on Hil	1, Md	Approximate Interval Betwo
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	Diaber OUE TO Cardio	tes, Stroke toras a consequence of toras a consequence of toras a consequence of toras a consequence of	en: en: art Dise	ase				
PART II. Other algorificant condition Diabe		death but not resulting	in the underlyin	g cause given in	Part I. 24a. WAS AN PERFOI	RMED?	COM OF E	E AUTOPSY FINDIN LABLE PRIOR TO PLETION OF CAUS JEATH?  YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 XNO	HOSPITAL:	☐ ER/Outpatient 3 ☐ DOA	OTHER:	LACE OF DEATH (Ch			<u> </u>	
27. MANNER OF DEATH  1 Natural 5 Pending	25a. DATE Of (Month, I	F INJURY 28b. TII	ME OF 28c. IN.	URY AT DRK? YES 2 NO	28d. DESCRIBE HOW	INJURY OCCU	RED	
2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide detarmined	25a. PLACE (	DF INJURY — At home, farm, etc. (Specify)	street, factory, offic	•	26f. LOCATION (Street City or Town, State)		Rural Route	Number,
mans.		f my knowledge, death occur examination and/or investigati						manner sa state
290. DEMATURISMENT TITLE OF CERTIF	in Pay	a ml	).	294. LICENSE MUA D10085		294. DATE 1	. 10,	m, Day: West
Elie A. Sayan				neverly,	Md. 20784			
JAN 1 2 '90	Sulia David	ar's signature						



DHMH-16 Rev 1/89

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-bransit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	REGIST
1	1. DECEDENT
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	4. SOCIAL SE
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1	9a. FACILITY
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5 1	RESIDEN
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FOR

	1 - STATE REGISTRAR	SIAIE UF M	AKYLANU / U CEF		ICATE OF		MIENI	REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Las	1)			0			E OF DEATH		3. TIME OF OEATH	
	MARGARET	SARAH			TARSO	NS	JA	NUARY		BAR 0733	M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last be	irthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7, DAT	E OF BIRTH J		BIRTHPLACE (State or Foreign Country)	
	216-14-9410	1 🗌 M 2 🔀 F	82	YRS.	MONTHS DAYS	HOURS MIN.	7-	28- 19	07 M	ARYLAND	
	Sa. FACILITY NAME (If not institution, give	e street and number)			96. CITY, TOWN	R LOCATION OF	DEATH		9c. COUNT	Y OF DEATH	
DIRECTOR	PENINSULA GENERA	AL HOSPITA	L		SAL I	SBURY, I	MARYI	AND	W.	COMICO	
5	RESIDENCE OF DECEDENT  10a, STATE  10b, COUN				Y, TOWN OR LOCAL			27 11 10			
=	C 2 2 1/2			10c. C11						10d. INSIDE CITY LIMITS?	
	MARYLAND WIC	COMICO			SALISBI	ZIP CODE				1 YES 2 NO	
RA		MDATIED D	1 D 27		101					N OF WHAT COUNTRY?	
FUNERAL	E # 6, WALSTON		EVER IN U.S. ARME	D	T 12 WAS OF	2 180 1 ENDENT OF HISPA	ANIC OBIG	INO (On alle, Man		. RACE — American Indian,	_
BY	1 Never Married 2 Merried 3 XWIdowed 4 Divorced		YES 2 NO		If yes, sp	2 X NO Spec	can, Puerte	Rican, etc.)	OF NO	Black, White, etc.  Specify:  WHITE	
B	15. DECEDENT'S Et (Specify only highest gra	DUCATION of Composite of Composite of Composite of Composite of Composite of Composite of Composite of Composite of Composite of Composite of Composite of Composite of Composite of Composite of Composite of Composite of Composite of Composite of Composite of Composite of Composite of Composite of Composite of Composite of Composite of Composite of Composite of Composite of Composite of Composite of Composite of Composite of Composite of Composite of Composite of Composite of Composite of Composite of Composite of Composite of Composite of Composite of Composite of Composite of Composite of Composite of Composite of Composite of Composite of Composite of Composite of Composite of Composite of Composite of Composite of Composite of Composite of Composite of Composite of Composite of Composite of Composite of Composite of Composite of Composite of Composite of Composite of Composite of Composite of Composite of Composite of Composite of Composite of Composite of Composite of Composite of Composite of Composite of Composite of Composite of Composite of Composite of Composite of Composite of Composite of Composite of Composite of Composite of Composite of Composite of Composite of Composite of Composite of Composite of Composite of Composite of Composite of Composite of Composite of Composite of Composite of Composite of Composite of Composite of Composite of Composite of Composite of Composite of Composite of Composite of Composite of Composite of Composite of Composite of Composite of Composite of Composite of Composite of Composite of Composite of Composite of Composite of Composite of Composite of Composite of Composite of Composite of Composite of Composite of Composite of Composite of Composite of Composite of Composite of Composite of Composite of Composite of Composite of Composite of Composite of Composite of Composite of Composite of Composite of Composite of Composite of Composite of Composite of Composite of Composite of Composite of Composite of Composite of Composite of Composite of Composite of Compos	16e, OECE	DENT'S	USUAL OCCUPATION	ON .	- 10	Sb. KIND OF BUS	INESS/INDUS		_
Ē	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do	NOT us	work done during mo se retired.)	at or wonang					
MPI	9 YEARS		PACE	KER/	LABORE	3		FOOD FI	REEZIN	G CO.	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)							, Middle, Malden			
BE	HARRY	EUGENE	GORI				ILDA			PARSONS	
0	19a. INFORMANT'S NAME (Type/Print)	70 70			ADDRESS (Street						
	HOWARD L. PARSON							-		URY, MD 21801	_
	20. METHOD OF DISPOSITION 1/8 1 k3 Burtlet 2 Comments 3 Re-	moval from State	PARSON	DISPOS	SITION (Nome of con CEMETERY	netery, cremetory or				y or Town, State , MD 21801	
	21. SIGNATURE OF FUNERAL SERVICE	LIGHINGEE	Timeou			ID ADDRESS OF F	ACILITY			,	
	· W. K/	fellow		7		DWAY FUN SNOW HI				, MD 21801	
	23. PART I. Enter the diseases, o shock, or heart failure	r complications that	caused the deat	Do I	not enter the mo	de of dying, su	ch aa ca	rdiac or reapi	retory arres		
	IMMEDIATE CAUSE (Final disease or condition resulting in death)		OR AS A CONSEQUE	pu	atory	Face	ind			interval Between Onset and Deati	
		DUE TO	OR AS A CONSECU	ENCE O	2 1	- 100 D	. /.		7.		
N O	Sequentially list conditions,	b. OHE TO	OR AS A CONSEQUE	CA	maceu	ue /	uu	Duling	Gust	u	
CERTIFICATION	If any, leading to immediate cause, Enter UNDERLYING	502 10 (	OR AS A CONSEGUI	ENCE U	r):			0			
윤	CAUSE (Diseese or injury that initiated events	c. DUE TO (	OR AS A CONSEQUE	ENCE O	F):						_
E	resulting in death) LAST										
S		_ d.									
DICAL	PART II. Other aignificant conditi	one contributing to	death but not res	uiting	in the underlyin	g cause given i	n Part i.	24a. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO	B
8								1 TYES 2	NO	COMPLETION OF CAUSE OF DEATH?	
WE									·	1 TES 2 NO	
ä											
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:				ACE OF DEATH (C	Check only	one)			
YSI	1 XES 2 NO	1 Inpetient 2	R/Outpatient 3 🗆	DOA	OTHER: 4 Nursing Hon	e 5 - Residence	6 🗆 Ot	her (Specify)			
PHYSICIAN: ME	27. MANNER OF DEATH	28a. DATE OF (Month, Da		26b. THV	JURY WO	URY AT	28d, D	ESCRIBE HOW I	JURY OCCU	RED	
BY	1 Natural 5 Pending 2 Accident Investigation					YES 2 NO					
8	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE Of building, (	INJURY — At home etc. (Specify)	, farm,	street, factory, offic	•		OCATION (Street of ty or Town, State)	nd Number or	Rural Route Number,	
COMPLET		YSICIAN: To the beet of	my knowledge, death	1 OCCUIT	ed at the time, date	and place, and do	ue to the c	ause(e) and mar	ner as stated		
0	one) 2 MEDICAL EXAMI	NER: On the basis of ex	emination and/or inv	eatigation	on, in my opinion, o	leath occured at th	ne time, de	ite and place, en	d due to the	cause(s) end manner ee stated.	
	296. SIGNATURE AND TITLE OF CERTIF		45			29c. LICENSE N	UMBER		29d. DATE 8	SIGNED (Month, Day, Year)	
) BE	Helen	Balde				D168	40		D 1	15/90	
٩	30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUS	E OF DEATH (ITEM 2		, Print)						
	547-F RI	replibe	DR1.	re	SA	USBUL	24	Ma			
6	31. DATE FILED (Month, Day, Year)	32, REGISTRAI									

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TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 34 hours after feath. Page 6 may be retained by the 1	TO THE RUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely littled in by the funeral director, page 5 should be detache to the flux within 20 hours after death with the State Door, of health, and Mental Moderns prior to that id. cremitatin, or remotil.	INPORTANT. If hem 28 is marked, or item 23 shows any injury, or other traumstic event, the medical examiner must be notified at one
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. DECEDENT'S NAME (First, Middle, Last	)					DEATH		REG. NO			3. TIME OF DEATH
NAOMI E.	PC	TTER							)7 1	YEAR	6:35 P.
i. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. les	yrs.	# UNDER	1 YEAR DAYS	IF UNDER 24 HR		MATE OF BIRTH Month, Day, Year)	191	Count	HPLACE (State or Foreign Inv)
e. FACILITY NAME (If not institution, give	atreet and number)			9b. CITY	, TOWN C	OR LOCATION OF				NTY OF E	
707 Kennebeck A	venue				Tako	oma Par	k		Mo	ntgo	omery
aryland Mon	tgomery			v, town o							10d. INSIDE CITY LIMITS? XX YES 2 NO
00. STREET AND NUMBER 07 Kennebec A	venue					20912				S . A	WHAT COUNTRY?
II. MARITAL STATUS  Never Married 2 Married  Wildowed 4 Divorced	FORCES?	NT EVER IN U.S. AF 1 YES 2 THE WAR OR DATES	NO		If yes, sp	CENDENT OF NIS secify Cuban, Me i 2 R NO Sp	xican, Pu	RIGIN? (Specify Yearto Rican, atc.)	on or No-	Blac	E — American Indian, ck, White, etc.
15. DECEDENT'S ED (Specify only highest gra-	de completed)		ECEDENT'S live kind of a. Do NOT u	USUAL O work done se retired.)	CCUPATIO during mo	ON pet of working		16b. KIND OF BI			572
Elementary/Secondary (0-12)	College (1-4 or 5	Sch	1001	Tea	che	r (Re		Publ:		choc	
F. M. Crago						Etta		imbaugi			
has. D. Potte	r, Jr.					and Number or Ru		Number, City or To Lakoma			20912
Rea. METNOD OF DISPOSITION    To Burlet 2 Cremation 3 Real Donation 5 Other (Specify)		20b. PLACE	OF DISPO	SITION (NO	con Ce	metery, crematory	or V	20c. L La:	ocation -	City or To	own, Stata Lle, MD.
	Burney	Clare	./	7	TA	KOMA I	FUN.	ERAL HO	OME.	INC	<i>3</i> •
23. PART I. Enter the diseases, p ehock, or heart failure IMMEDIATE CAUSE (Finel disease or condition resulting in death)	r complications the c. List only one ca	at caused the duse on each fin	e.		the mo						Approximate Interval Between
ahock, or heart fallun IMMEDIATE CAUSE (Final	Complication the List only one ca	use on each fin	ial d	lisea PP:	the mo						Approximate Interval Between
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BALTIMORE, MARYLAND 21203-3146	HYSICIAN: The law requires that the death certificate be executed within 24 wours after death. Page 6 may be retained by the hospital or attending physician.	his certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should in the funeral pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit.	it, the medical examiner must be notified at once.
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

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	1 - FOR STATE REGISTRAR	STATE OF I			RTMENT				MENTAL HYGIEN			
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF DEATH	AY	YEAR	3. TIME OF DEATH
	Lloyd	C			I	er:	ry		1 - 7	-	90	10:00 A M
	4. SOCIAL SECURITY NUMBER 218-14-1938	5. SEX	6. AGE (in yrs. last	birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF BIRTH  (Month, Day, Year)  10/15/1	2	Count	PLACE (State or Foreign ry)
	9e. FACILITY NAME (If not institution, give a	treet and number)			9b. CITY.	TOWN (	OR LOCATION	ON OF DI			UNTY OF D	-4
OR	Memorial Hospit	al			E	asto	n				albot	
5	RESIDENCE OF DECEDENT	,		100 017	TY, TOWN O	0.1.0043	TON.					
DIRECTOR		aroline			rest		IION					10d. INSIDE CITY LIMITS? 1 YES 2 NO
AL	10e. STREET AND NUMBER					101	ZIP COO	E		10g. Ct	TIZEN OF	WHAT COUNTRY?
E	Rt. 1, Box 27						21	655		1	J.S.	Α.
BY FUNERAL	11. MARITAL STATUS  1 Never Merried 2 Merried  3 Widowed 4 Divorced	FORCES?	TEVER IN U.S. ARM YES 2 PNO MAR OR DATES	MED O	1	f yes, sp			NIC ORIGIN? (Specify Year, Puerto Rican, etc.)	e or No—	14. RACI Black Spec	E - American Indian, k, White, etc.
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COMPLETED	Elementery/Secondary (0-12) 12th	College (1-4 or 8	+)		n Fa	rme	er		Agr	icul	Ltur	e '
O	17. FATHER'S NAME (First, Middle, Last)					75	16. MOTI	HER'S NA	ME (First, Middle, Malder	Sumeme)		
BE C	Ollie Edwa:	rd Per	ry				Bi	rdi	e Hubba	rd	Per	rv
	19e. INFORMANT'S NAME (Type/Print)			MAILIN	G ADDRESS	(Street	nd Number	or Rural	Route Number, City or Tox	vn, State, 2	Zip Code)	
2	Olive McWillia	ams Per	ry	Rt.	1,	Box	27	, P	reston,	MD 2	2165	5
	20e. METHOD OF DISPOSITION 1 GrBurial 2 Cremation 3 Image		20b. PLACE C	OF DISPO							- City or To	
-	4 Donation 5 Other (Specify)	OVALI Trom Situte	- 4	‴ <i>[</i> J	unie	r	rde	r C	em. P:	rest	on,	MD
	Transform - 1	TENBER DE	Haw.	Lin	-		NO ADDRE			rals	bur	, MD
	23. PART I. Enter the diseases, or ahock, or heart fallure.	complications the	nt coused the dea	nth. Do								Approximate interval Batween
	IMMEDIATE CAUSE (Finel disease or condition reaulting in death)		STATIO		DLON	CA	<b> </b>					Onset and Death
	readining in death)	DUE TO	(OR AS A CONSEO	UENCE (	DF):	-						
ATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	b. OUE TO	OR AS A CONSEO	UENCE (	OF):							

25. WAS CASE REFERRED TO MEDICAL EXAMINER?

1 YES 2 NO

5 Pending Investigation

6 Could not be determined

CAUSE (Disease or Injury

that initiated events resulting in deeth) LAST

27. MANNER OF DEATH

Netural Accident

3 Suicide

29e. CERTIFIER (Check only one)

2

8

4 Homicide

HOSPITAL: Inpetient 2 - ER/Outpetient 3 - DOA

OTHER: 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF M 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify)

DUE TO (OR AS A CONSEQUENCE OF):

PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I.

ng Home 6 🗆 Residence 8 🗆 Other (Specify) 28c. INJURY AT WORK? 1 YES 2 NO

MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, date and place, end due to the ceuse(e) end manner ee stated.

26. PLACE OF DEATH (Check only one)

28d. DESCRIBE HOW INJURY OCCURED

281. LOCATION (Street and Number or Rural Route Number, City or Town, State) CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) end manner as stated.

24s. WAS AN AUTOPSY PERFORMED? 1 TYES 2 NO

29c. LICENSE NUMBER 85257 29d. DATE SIGNED (Month, Day, Year)

24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE

1 VES 2 NO DF DEATH?

CAUSE OF DEATH (ITEM 27) (Type, Print)

31. DATE FILED 90 HE RECEITAR'S SIGNATURE

**DHMH-16 Rev 1/89** 

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SALE SERVER OF STREET

DIVISION OF VITAL RECORDS, P.O. BOX 13146,	BALTIMORE, MARYLAND
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a man death. Plage 6 may be retained by the host	ownburs after death. Page 6 may be retained by the hos
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and component fined in by the funeral director, page 5 should be detached by filed within 72 hours after death with the State Dept. of Health and Mental Hypterie prior to burial, cremitation, or remove.	filled in by the funeral director, page 5 should be detach for, or removal.
IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF N		/ DEPAR						YGIEN REG. NO.	E	0	01333	
	t. DECEDENT'S NAME (First, Middle, Lest)  Lewis	J.		Rose	ers	Jı			2. DATE OF	DEATH DA	) N	YEAR 90	3. TIME OF DEATH 7:00P. M	
	4. SOCIAL SECURITY NUMBER	5. \$EX	6. AGE (In yrs. I	iest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS.					7. OATE OF BIRTH 8. BIRTHI (Month, Day, Year) Country				PLACE (State or Foreign	
	262-96-5464	1 🔀 M 2 🗆 F	38	38 YRS. MONTHS DAYS HOUR					JAN 10		1	DELAWARE		
_	9e. FACILITY NAME (If not institution, give et	,	9b. CITY, TOWN OR LOCATION OF DEAT						ATH 9c. COUNTY OF DEA					
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Sign of	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10									10d. INSIDE CITY				
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	15. DECEDENT'S EDUC		16a, I	DECEDENT'S	USUAL OC	CUPATIO	ON		16b. KII	NO OF BUS	UNESS/IN	DUSTRY	WILLE	
E	(Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5 -		(Give kind of life. Do NOT u	work done of se retired.)	luring mo	st of working	ng						
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COMPLETED	17. FATHER'S NAME (First, Middle, Last)						18. MOT	HER'S NA	ME (First, Midd	lle, Maiden	Sumeme)			
BE (	LEWIS J. ROGERS,	SR.						ANN	MUMF	ORD				
70	19a. INFORMANT'S NAME (Type/Print)								Route Number,					
-	LISA MAE ROGERS		-						RPTOWN	-				
	METHOD OF DISPOSITION Burlel 2 Cremetion 3 Finance	oval from State	other	place)			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, , , ,	3D37			- City or To		
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$\rightarrow$	Jonarch	×. X	reg		SH	ARP	OWN,	MAF	RYLAND	218				
	PART I. Enter the diseases, or c shock, or heert fellure.	List only one cou	se on each li	death. Do na.	not antar	the mo	de of dy	ing, suci	h as cardiac	or respi	ratory ar	rrast,	Approximata Intarvai Between	
	IMMEDIATE CAUSE (Final disease or condition			1 77									Onset and Death	
	resulting in deeth)		ning an			rmıa								
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CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO	(OR AS A CONS	SEQUENCE O	F):									
S	cause. Enter UNDERLYING CAUSE (Disease or Injury	с.												
E	that initiated events resulting in death) LAST	DUE TO	(OR AS A CONS	SEOUENCE O	E OF):									
EH		d												
4	PART II, Other significant condition	s contributing to	death but no	t resulting	in the un	derlyin	g ceuse (	given in	Part I. 24	a. WAS AN PERFOR		24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
20									_ 5	YYES 2		- 1	COMPLETION OF CAUSE OF DEATH?	
MEDICA									_   '				1XXYES 2 □ NO	
PHYSICIAN:														
2	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER		ACE OF O		eck only one)					
IYS	1 X YES 2 NO  27. MANNER OF DEATH	1 Inpatient 2 28e. DATE OF		3 DOA 28b. TIA		ang Hom 28c. INJ	6 5 R	sidence	6 X Other (S		scen			
	1 Netural 5 Pending	(Month, E	lay, Year)	IN	JURY	WC	RK?	V NO	28d. DEŞCR				subject in	
2 M Accident Investigation 1:00P M 1 YES 2/X No boat that capsized									Toute Number					
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COMPLETED	(Check only one)  2 M MEDICAL EXAMINE												) and manner as stated,	
ш	296. SIGNATURE AND TITLE OF CERTIFIE	1)1	1	1			29c. LIC	ENSE NUN	MBER		29d. DA	TE SIGNED	(Month, Day, Year)	
00	drail 14	Ny TY	m				(	OCME			•	1-7-	-90	
2	30 NAME AND ADDRESS OF PERSON WH		SE OF DEATH (IT											
	Frank J. Peretti	L, M.D.		111	Penn	St	., Ba	alto	., Md.	21	201			

32. REGISTRAR'S SIGNATURE
Julia Savidson-Randall

ta

31. DATE FILED (MONTH), Day, Year)

DHMH-16 Rev 1/89

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FOR STATE

	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENT	TAL HYGIENE
RAR	CERTIFICATE OF DEATH	REG. NO.

_	nediatrian				OATE		רב		REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF DEATH DO		YEAR	3. TIME OF DEATH
- 1	RUTH GRE	EN RUS:	SELL	China 6 1		UNDER 1 YEAR  # UNDER 24 HRS.  7. DATE OF BIRTH			199	~	4:00 PM	
	CHARLES STATE AND THE STATE	MONTHS DAYS HOURS MIN. (Month, Day, that)					(Month, Day: Year)	190	Countr			
	231-12-3571 On. FACILITY NAME OF NOT INSTRUCTION, give	The state of the state of	81	Trial.	an curv	Trimps /	OR LOCATI	ON OR DE	Apr. J.	(d •		
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2	N. Somerset A	venue			Pri	Princess Anne Somerset						le.t
E	10s. STATE 10b. COUNT	10c. CIT	Y, TOWN O	R LOCA	TION					10d, INBIDE CITY LIMITS?		
6	Maryland Sc			Prin	nces	ss A	nne				1 VES 2 HO	
A.	10s. STREET AND NUMBER					t. ZIP COD	E		10g. CIT	IZEN OF W	WHAT COUNTRY?	
E	N. Somerset A	venue					21	853			U.S	3.
5	11. MARITAL STATUS	12. WAS DECEDEN	YES 2	NO.	13.	MAS DEC	CENDENT (	OF HISPAN	HC ORIGIN? (Specify Yes in, Puerto Rican, etc.)	s or No-	14. PLACE Disch	- American Indian, L. White, etc.
BY FUNERAL DIRECTOR	1 Negret Married 2 Married 3 Windowed 4 Divorced	IF YES, GIVE W					2 (P/NO				Speci	The statement of the last contract of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of th
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COMPLETED	17. FATHER'S HAME (First, Mickel, Lest)							-	ME (First, Afoldia, Maiden			
BE	Charles H.	Green					_	_		even		
0	19a. INFORMANT'S NAME (SypePrint)		11						Route Number, City or Tow		-50.57	
-	E. Warren Russ	ell		THE RESERVE OF THE PERSON NAMED IN	THE PERSON NAMED IN	-		-	ue, Pr.		The Control of the Control	The second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second secon
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	21. BIGNATURE OF FUNERAL SERVICE L	CENSEE	Λ		22.	NAME A	NO ADDRE	SS OF FA	CILITY			
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ALION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING											
CEHIIFICATION	CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE 10	(OR AS A CONSE	QUENCE O	P):							
MEDICAL	PART II. Other eignificant conditions contributing to death region resulting in the underlying cause given in Part I.    Course   Part II. Other eignificant conditions contributing to death region resulting in the underlying cause given in Part I.    Part II. Other eignificant conditions contributing to death region resulting in the underlying cause given in Part I.    Part II. Other eignificant conditions contributing to death region resulting in the underlying cause given in Part I.    Part II. Other eignificant conditions contributing to death region resulting in the underlying cause given in Part I.    Part II. Other eignificant conditions contributing to death region resulting in the underlying cause given in Part I.    Part II. Other eignificant conditions contributing to death region resulting in the underlying cause given in Part I.    Part II. Other eignificant conditions contributing to death region resulting in the underlying cause given in Part I.    Part II. Other eignificant conditions contributing to death region resulting in the underlying cause given in Part I.    Part II. Other eignificant conditions contributing to death region region region region region region region region region region region region region region region region region region region region region region region region region region region region region region region region region region region region region region region region region region region region region region region region region region region region region region region region region region region region region region region region region region region region region region region region region region region region region region region region region region region region region region region region region region region region region region region region region region region region region region region region region region region region region region region region region region region region region region region region region region region region region region region								240	WERE AUTOPSY PINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATHY 1 YES 2 NO		
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ВУ РН	28a. DATE OF INJURY  1 Natural 5 Pending Investigation Investigation									CUITED		
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BE CO	29b. SIGNATORE AND TITLE OF CERTIF		21		1./	7		ENBE HU	-		TE SIGNES	1
10 8	30. NAME AND ADDRESS OF PERSON V	WHO COMPLETED CALL	BE OF DEATH (IT	יון מון מון	Printy		$\perp \downarrow$	10	817	•	-4/	0/90
	James A.	Storling	M. D.	35		y, M	منه	5	treet, Cr	vi fie	12/	d 21PM
	MP1 0 1990	0	Davidson	Mande	100						2	

с •

MINISTER & NAME OF

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH
REG. NO.

REGISTRAR		CERTIF	ICATE OF	DEATH	REG. I	NO.		
1. DECEDENT'S NAME (First, Middle, Last)		0			2. DATE OF DEATH			TIME OF DEATH
Clarence F	CANKLIA	Re ph	Ahh		MONTH 2	DAY /99	YEAR O	600 A
4. SOCIAL SECURITY NUMBER	5. SEX 6. A	GE (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7 DATE OF BIRTH		DIDTUDI A	CE (Ptoto or Fourier
214-07-5257 <del>820-02-4291</del>	1 XM 2 F	85 YRS.	MONTHS DAYS	HOURS MIN.	Sept. 17	1904	Mary)	land
Se. FACILITY NAME (If not institution, give s		03						
				OR LOCATION OF D	EATH		Y OF DEATH	
3116 Newcastle	e Lane		Ri	va		Anne	Aru	ndel
RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY		40- 0171	Y, TOWN OR LOCA	TION			1	. INSIDE CITY
		100. 011		RION			2.0	LIMITS?
	e Arundel		Riva					YES 2 X NO
10a. STREET AND NUMBER			11	Of. ZIP CODE		10g. CITIZE	EN OF WHAT	COUNTRY?
3116 Newcastl	e Lane			21140			U.S.	A.
11. MARITAL STATUS	12. WAS DECEDENT EVE FORCES? 1 1	ER IN U.S. ARMED			NIC ORIGIN? (Specify		4. RACE -	American Indian, site, atc.
1 Never Married 2 Married	IF YES, GIVE WAR O			pecify Cuben, Mexica S 2 NO Specia	in, Puerto Rican, etc.) v:		Specify:	ifte, stc.
3 X Widowed 4 Divorced					,		Whit	e
15. DECEDENT'S EDU	CATION	16a. DECEDENT'S	USUAL OCCUPAT	ION	16b. KIND OF	BUSINESS/INDU	STRY	
(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of v	vork done during n re retired.)	nost of working				
12	conega (1-4 of 5 4)	Purcha	sing A	~ ~ ~ <del>*</del>	Celan	ese Co	phor	ation
17. FATHER'S NAME (First, Middle, Last)		M-418 R-0165	SIME A		ME (First, Middle, Mei		rpor	WCI OII
Frank Rephann					Alice			
19e. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street	and Number or Rural	Route Number, City or	Town, State, Zip C	Code)	
Oliver Rephan	n	311	6 Newc	astle L	ane, Ri	va, MI	211	40
204. METHOD OF DISPOSITION	100 HEAT	20b. PLACE OF DISPOS	SITION (Name of o	emetery, crematory or		LOCATION - C		
1 Buriel 2 Cremation 3 1 1 4 1 Donation 5 Que (Specify).	over from State	Frostbur	g Memo	rial Pa	rk F	rostbu	rg.	MD
21. SIGNATURE OF FRANCE LICE	CENSEE // //	roboour	22. NAME	AND ADDRESS OF FA	CILITY			
Volkel X	Taylor		Tayl	or Fune	ral Cha	pel	214	01
July ay 2.	(wyre)		147	Glouces	ter St.	,Annap	olis	, MD
23. PART I. Enter the diseases, or o	complications that car	used the death. Do n	not enter the m	ode of dying, suc	h ss cardiac or re	spiratory srre	st,	Approximate
shock ar heart failure.	List only one cause of	in each line.						Interval Between Onset and Dea
IMMEDIATE CAUSE (Final disease or condition	CAMO	No sound of	L					
resulting in death)	a. CATCC	i'h coma	0117					4mos
	DOE 10 (0A	AS A CONSEQUENCE OF						4mos
Sequentially list conditions,	a PROSI	MALL	con	UR				LJRS
if any, tesding to immediate	DUE TO (OR	AS A CONSEQUENCE OF	F):					
CAUSE (Disease or Injury	c							
that initiated eventa	DUE TO (OR	AS A CONSEQUENCE OF	F):					
resulting in death) LAST	d							
manufacture of the control of the	is contributing to des	th but not resulting	In the underly!	ng cause given in	Part I, 24a. WAS	AN AUTOPSY FORMED?		RE AUTOPSY FINDING ILABLE PRIOR TO
PART It. Other significant condition							CO	
PART It. Other algorificant condition					1 YES	3 2 NO	OF	MPLETION OF CAUSE
PART It. Other algnificant condition					1 🗆 YES	2 ( NO		MPLETION OF CAUSE DEATH?
PART It. Other algnificant condition					1 _ YES	3 2 ( NO		MPLETION OF CAUSE
			28	DI ACE OF DEATH (C		3 2 NO		MPLETION OF CAUSE DEATH?
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	PLACE OF DEATH (CI	neck only one)	3 2 ( NO		MPLETION OF CAUSE DEATH?
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO	1   Inpetient 2   ER/		OTHER: 4 Nursing Ho	me 5 Residence	neck only one)  6  Other (Specify)		1 (	MPLETION OF CAUSE DEATH?
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1   YES 2   NO 27. MANNER OF DEATH		JRY 28b. TIM	OTHER: 4 Nursing Ho	1/	neck only one)		1 (	MPLETION OF CAUSE DEATH?
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending	1 Inpatient 2 ER/	JRY 28b. TIM	OTHER: 4 Nursing Ho E OF 28c. If	me 5 Residence	neck only one)  6  Other (Specify)		1 (	MPLETION OF CAUSE DEATH?
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   YES 2   NO  27. MANNER OF DEATH  1   Natural 5   Pending	28a. DATE OF INJU (Month, Day, Ye	JRY 28b. TIM INJ	OTHER: 4   Nursing Ho E OF   28c. If	MURY AT YORK?  YES 2 NO	eck only one)  6 Other (Specify)  28d. DESCRIBE HC	W INJURY OCCU	1 (	MPLETION OF CAUSE DEATH? YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation	1 Inpatient 2 ERU 28a. DATE OF INJU (Month, Day, Ye	JRY 28b. TIM INJ	OTHER: 4   Nursing Ho E OF   28c. If	MURY AT YORK?  YES 2 NO	6 Other (Specify)  2ed, DESCRIBE HC	W INJURY OCCU	1 (	MPLETION OF CAUSE DEATH? YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined	1   Inpatient 2   ERU 28e. DATE OF INJ. (Month. Dey. Ye 28e. PLACE OF IN. building, etc.	JURY — At home, farm, (Specify)	OTHER: 4 Nursing Ho iE OF 28c. If URY M 1	NJURY AT YORK?  YES 2 NO	eck only one)  6 Other (Specify)  26d. DESCRIBE HC  281. LOCATION (Str. City or Town, S	eet and Number of	1 [	MPLETION OF CAUSE DEATH? YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined  29a. CERTIFIER (Check only)	28e. DATE OF INJU (Month, Day, Ye 28e. PLACE OF IN, building, etc.	JURY 28b. TIM INJ JURY — At home, farm, o (Specify)	OTHER: 4 Nursing Ho E OF 28c. if JURY M 1 street, fectory, off	me 5 Residence NUURY AT NORK? YES 2 NO	eck only one)  6 Other (Specify)  28d. DESCRIBE HC  28f. LOCATION (Str. City or Town, S	eet and Number of tate)	1 [ URED  V Rural Route d.	MPLETION OF CAUSE DEATH?  YES 2 NO Number,
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined  29a. CERTIFIER (Check only)	1   Inpatient 2   ERU 28e. DATE OF INJ. (Month. Dey. Ye 28e. PLACE OF IN. building, etc.	JURY 28b. TIM INJ JURY — At home, farm, o (Specify)	OTHER: 4 Nursing Ho E OF 28c. if JURY M 1 street, fectory, off	me 5 Residence NUURY AT NORK? YES 2 NO	eck only one)  6 Other (Specify)  28d. DESCRIBE HC  28f. LOCATION (Str. City or Town, S	eet and Number of tate)	1 [ URED  V Rural Route d.	MPLETION OF CAUSE DEATH?  YES 2 NO Number,
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined  29a. CERTIFIER (Check only)	1   Inpatient 2   ERU 28a. DATE OF INJU (Month, Day, 16 28a. PLACE OF IN, building, etc.)  BCIAN: To the best of my I ER: On the basic of examin	JURY 28b. TIM INJ JURY — At home, farm, o (Specify)	OTHER: 4 Nursing Ho E OF 28c. if JURY M 1 street, fectory, off	me 5 Residence NUURY AT NORK? YES 2 NO	eck only one)  6 Other (Specify)  28d. DESCRIBE HC  28f. LOCATION (Str. City or Rown, S)  to the cause(s) end of time, date end place	eet and Number of attention and the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of	1 [ JURED ox Rural Route d. ceuse(e) an	MPLETION OF CAUSE DEATH?  YES 2 NO NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   Yes 2   No  27. MANNER OF DEATH  1   Natural 5   Pending Investigation 3   Suicide 8   Could not be determined  29a. CERTIFIER (Check only one) 2   MEDICAL EXAMINE	1   Inpatient 2   ERU 28a. DATE OF INJU (Month, Day, 16 28a. PLACE OF IN, building, etc.)  BCIAN: To the best of my I ER: On the basic of examin	JURY 28b. TIM INJ JURY — At home, farm, o (Specify)	OTHER: 4 Nursing Ho E OF 28c. if JURY M 1 street, fectory, off	NURY AT NORK?  YES 2 NO  Ice  te end place, and du death occured at the	eck only one)  6 Other (Specify)  28d. DESCRIBE HC  28f. LOCATION (Str. City or Rown, S)  to the cause(s) end of time, date end place	eet and Number of attention and the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of	1 [ JURED ox Rural Route d. ceuse(e) an	MPLETION OF CAUSE DEATH?  YES 2 NO Number,  Mumber,
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   YES 2   NO  27. MANNER OF DEATH  1   Natural 5   Pending investigation 3   Suicide 8   Could not be determined  29a. CERTIFIER (Check only one) 2   MEDICAL EXAMINE  29b. SIGNATURE AND TITLE OF CERTIFIE	28e. DATE OF INJU (Month, Day, Ye 28e. PLACE OF IN building, etc.	JURY — At home, farm, in (Specify)  Nowledge, death occurrentellor end/or investigation.	OTHER: 4 Nursing Ho E OF 28c. If VINTY M 1 street, factory, off	NURY AT NORK?  YES 2 NO  Ice  te end place, and du death occured at the	eck only one)  6 Other (Specify)  28d. DESCRIBE HC  28f. LOCATION (Str. City or Rown, S)  to the cause(s) end of time, date end place	eet and Number of attention and the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of	1 [ JURED ox Rural Route d. ceuse(e) an	MPLETION OF CAUSE DEATH?  YES 2 NO Number,  Mumber,
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   Yes 2   No  27. MANNER OF DEATH  1   Natural 5   Pending Investigation 3   Suicide 8   Could not be determined  29a. CERTIFIER (Check only one) 2   MEDICAL EXAMINE	28e. DATE OF INJU (Month, Day, Ye 28e. PLACE OF IN building, etc.	JURY — At home, farm, (Specify)  knowledge, death occurrentation end/or investigation	OTHER: 4   Nursing Ho EOF 28c. If FURY M 1   street, fectory, off ed at the time, da on, in my opinion,	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	eck only one)  6 Other (Specify)  28d. DESCRIBE HC  28f. LOCATION (Str. City or Rown, S)  to the cause(s) end of time, date end place	manner as state to, and due to the	d. SIGNED (Mc - 2.0	MPLETION OF CAUSE DEATH?  YES 2 NO  Number,  Number,  d manner as stated.

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and cabe filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to buring IMPORTANT: It liem 28 is marked, or item 23 shows any injury, or other traumatic

DIVISION OF VITAL RECORDS, P.O. BOX 1314

turned drawn, more 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should

examiner must be notified at once.

BALTIMORE, MARYLAND 21203-3146

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DHMH-18 Rev 1/89

as the burial-transit permit. Pages 1, 2, 3 should

203-3146

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notiting

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE OF DEATH	REG. NO.

	1 - FOR STATE REGISTRAR	TE OF MARYLAND / DEPARTM CERTIFICA	ENT OF HEALTH AND ME	NTAL HYGIENE REG. NO.							
	Robinson			DATE OF DEATH MONTH DAY	YEAR GO TO A M						
	212 20 13 12	1 2 DF 9/ YRS. MON	THE DAYS HOURS MIN.	DATE OF BIRTH (Month, Day, Year) 04-30- '08	8. BIRTHPLACE (State or Foreign Cought) Mary land						
TOR	PINEVIEW Mane N PRESIDENCE OF DECEDENT	lursing Home	Clinton of Location of Death	Pri	nce Georges						
DIRECTOR	Maryland Prince	6-1-1	ndywine		10d. INSIDE CITY LIMITS? 1 PYES 2 NO						
FUNERAL	13466 Baden Wes		20613		USA						
BY	1 Never Married 2 Married FOI	S DECEDENT EVER IN U.S. ARMED RCES? 1 YES 2 PRO YES, GIVE WAR OR DATES	13. WAS DECENDENT OF HISPANIC of It yes, specify Cultan, Mexican, P  1 YES 2 NO Specify:	ORIGIN? (Specify Yes or No- uerlo Rican, etc.)	14. RACE — American Indien, Black, White, etc. Specify: Black						
PLETED	15. DECEDENT'S EDUCATION (Specify only highest grade complete Elementary/Secondary (0-12) Colleg	le (1-4 Of 5+)	AL OCCUPATION Jone during most of working most of working	18b. KIND OF BUSINESS/IND	DUSTRY						
99	17. FATHER'S NAME (First, Middle, Last)	tson	18. MOTHER'S NAME	(First, Middle, Maiden Surname)							
TO BE	19a, INFORMANT'S NAME (Type/Print)		RESS (Street and Number or Rural Rout	Number, City or Town, State, Zip	Code)						
	20a. METHOD OF DISPOSITION  1 D Buriel 2 Cremetton 3 Removal from	20b. PLACE OF DISPOSITIO	Y QUASCO KO.	Brand Ywine 20c. LOCATION -	City or Town, State						
	4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICENSEE	Christ U.A	1. Church Ceme 22. NAME AND ADDRESS OF FACILI	tery Bade	n, Maryland						
	Martell	adams	Adams Funeral	Home Agu	asco. Md. 2608						
1	23. PART I. Enter the diseases, or compile shock, or heart failure. List only IMMEDIATE CAUSE (Final disease or condition resulting in death)	y one cause on each line. Throwic Ren	nter the mode of dying, such a  Aulur	s cardiac or respiratory and	Approximats Interval Between Onset and Death						
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):										
CALC	PART II. Other significant conditions control	ibuting to death but not resulting in the	e underlying cause given in Par	t I. 24s. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO						
PHYSICIAN: MEDI	Dialus n	reletus	Jours in Cont	1 TYES 2 TYNO	OF DEATH?  1 YES 2 NO						
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	PITAL: OT	28. PLACE OF DEATH (Check	only one)							
	27. MANNER OF DEATH 26	ia. DATE OF INJURY (Month, Day, Year)  DOA 4 1  25b. TIME OF INJURY INJURY	Nursing Home 5 - Residence 5	Other (Specify)	CURED						
TED BY	2 Accident Investigation 3 Suicide 5 Could not be determined	e. PLACE OF INJURY — At home, farm, street building, etc. (Specify)		It. LOCATION (Street and Number City or Town, State)	r or Rural Route Number,						
COMPLETED	and the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of th	the best of my knowledge, death occurred at a basis of examination and/or investigation, in									
TO BE	296. SIGNATURE AND TITLE OF CERTIFIER  Drundity T.	oorfmo	D/3,53	29d. DAT	E SIGNED (Month, Day, Year)						
	1106 Spring 57	LETED CAUSE OF DEATH (ITEM 27) (Type, Prin	DEKNAUETE	nd 20916	16, MID.						
	JAN 1 6 '90	REGISTRAR'S SIGNATURE Julia Davidson-Randelle	0)								

## DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	REGISTRAR  1. DECEDENT'S NAME (First, Middle, Last)		CERTI	FICATE O	F DEATH		REG. NO.		Tai		
,		Luis Rodrig	uez			MONT	uary 11,		EAR .	0:10 A	
ľ	4. SOCIAL SECURITY NUMBER		E (In yrs. last birthday	F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE	OF BIRTH	8.	BIRTHPLA	CE (State or Foreign	
220 94 1975 1 MAN 2 F 67 YRS. MONTHS DAYS HOURS MIN. (Month, Day, Yapr) Aug. 30, 1									Cuba	ı	
	9a, FACILITY NAME (If not institution, give				N OR LOCATION OF	DEATH		. COUNTY			
L	Holy Cross Hos	spital		Sil	ver Spri	ng		Mont	gome	ry	
Ī	10a. STATE 10b. COUN		10c, C	ITY, TOWN OR LO					10d	I. INSIDE CITY	
		lontgomery		Rockvi	1-15					YES 2 NO	
1€	a. STREET AND NUMBER  1649 E. Jeffers	on Street	Apt. \$20	3	101. ZIP CODE 20852	-	10	g. CITIZEN Cub		COUNTRY?	
	MARITAL STATUS	12. WAS DECEDENT EVE	R IN U.S. ARMED		ECENDENT OF HISPA		1? (Specify Yea or I		RACE -	American Indian,	
	Never Married 2 Married	FDRCES? 1 7		If yes,	specify Cuban, Maxic ES 2 NO Spec	an, Puerto	Rican, atc.)		Black, Wt Specify:	illa, etc.	
3	Widowed 4 Divorced				^	Cuban				ack	
	15. DECEDENT'S ED (Specify only highest grad	e completed)	(Give kind o	'S USUAL OCCUP! of work done during use retired.)	TION most of working	16b	. KIND OF BUSINE	SS/INDUST	TRY		
	Elementary/Secondary (0-12)	College (1-4 or 8+)		stodian			Custo	dial			
-	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S N	AME (First,	Middle, Malden Sum		_		
	Not Available	9	Rodrigu	ez	Flora	C	havez				
Р м.	9a. INFORMANT'S NAME (Type/Print)				et and Number or Rura					20852	
	Milicent M. Rodr				ferson S				_		
	1 Surial 2 Cremation 3 Re	noval from State	other place)		Comotors		20c. LOCATI				
Gate of Heaven Cemetery Silver Spring, Man 21. SIGNATURE OF FUNERAL SERVICE LICENSEE  M00689  22. NAME AND ACCRESS OF FACILITY ROBERT A. Pumphrey Fundamental Service Licensee											
M00689  M00689  Mooress of Facility Robert A. Pumphrey F Home/Rockville, Inc. 300 West Montgo Avenue, Rockville, Maryland 20850-28											
╂	23. PART I. Enter the discounts of	Complications that care	Sad the death Dr	Aver	nue, Rock	ville	, Maryla	and 2	0850		
l	shock, or heart fallure	List only one ceuse or	ech line.	, incrementing i	node or dying, su	CII SS CON	diac or respirate	ory strest	'	Approximate Interval Between Onset and Dea	
	IMMEDIATE CAUSE (Finel disease or condition	Paspi.	ratory	Failur	0					1 week	
	resulting in death)	OUE TO (DR A	S A CONSEDUENCE						i	1 h N	
Lung cancer										12 149111	
	Sequentially list conditions, if any, leading to immediate	DUE TO (OR A	S A CONSEQUENCE	OF):							
CAUSE (Disease Dr Injury that initiated events  DUE TO (OR AS A CONSEQUENCE OF):											
	resulting in death) LAST	d.	7						į		
	PART II. Other significant condition	ne contributine to deet	h hut not receitt-	a la the restact	den never of the f	Don't	04- 1100	nne.			
	The significant condition	contributing to death	- Par Hor Leenigh	y m we underly	mig ceuse given i	n <b>rot</b> t i.	24a. WAS AN AUT PERFORMED	07	AWA	RE AUTOPSY FINDING ILABLE PRIOR TO MPLETION OF CAUSE	
l						_	1 - YES 2	NO	OF	DEATH?	
									1	YES 2 NO	
	25. WAS CASE REFERRED TO MEDICAL			26.	PLACE OF DEATH (C	heck only o	ne)				
	EXAMINER?	HOSPITAL:	outpatient 3 - DOA	OTHER: 4 Nursing H	ome 5 Residence	8 🗆 Othe	er (Specify)				
	27. MANNER OF DEATH	26s. DATE DF INJUF (Month, Day, Yes		IME DF 28c.	INJURY AT WORK?	28d. DE	SCRIBE HOW INJU	RY OCCUR	ED		
	1 Neturn 5 Pending 2 Accident Investigation				YES 2 NO						
	3 Suicide 6 Could not be 4 Homicide datarmined	28e. PLACE OF INJU building, atc. (S	JRY — At home, farm specify)	i, street, factory, o	ffice	28f, LOC City	ATION (Street and I or Town, State)	Number or I	Rurel Route	Number,	
1	non Continien (										
	(Check only	SICIAN: To the best of my kr ER: On the basis of exemine							augalat an	d manner as stated	
1	29b. SIGNATURE AND TITLE OF CERTIFI		A	in my opinior							
	1 July a. 1	nau MI	)		D2/4/A	S	29	DATE SI	I/G/	nth, Day, Year)	
100	01 -1				1	-		1 1	116	/	

DF PERSON, WHO COMPLETED CAUSE DF DEATH (ITEM 27) (Type, Print)

31. DATE FILED (Month, Day, Year)

JAN 16 '90

32. REGISTRANS SIGNATURE
Sie na Davidson-Randell

20010

NW Wasting be

DHMH-16 Rev 1/89

BALTIMORE, MARYLAND 21203-3146	CIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	antificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit print of the burial printing of the burial committee of the burial committee of the burial committee of the burial committee.
VITAL RECORDS, P.O. BOX 13146,	executed within	and completel
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>	CIAN	ertiff.

BALTIMORE, MARYLAND 21203-3 in z= frouts after death. Page 6 may be retained by the hospital or attendir oby filled in by the furneral director, page 5 should be detached for use as the nation, or removal.	Balle medical
DIVISION OF VITAL RECORDS, P.O. BOX 13146,  TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 25 nours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the befiled within 72 hours after death with the State Dept. of Health and Mental Hypiene prior to burial, cremition, or removal.	HAM: If from 26 is marked, or from 23 snows any injury, or other usumanc event,

1. DECEDENT'S NAME (First, Middle, L	est)						2. DATE MONTH	OF DEATH	AY	YEAR	3. TIME OF DEATH
Dorothy	7 1	М.	R:	ickett	cs		Jar		3, 19		9:15 PM
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. le:	st birthday)	MONTHS C		F UNDER 24 HRS.	7. DATE	OF BIRTH , Day, Year)		8. BIRTI	HPLACE (State or Foreign
215 58 7846A	1 🗆 M 2 🖳 F	91	YRS.	MONTHS (	DAY'S P	HOURS MIN.		7. 8,	1898		England
Sa. FACILITY NAME (If not institution, g						LOCATION OF D				NTY OF	DEATH
Shady Grove Ad	lventist Nu	ursing C	ente	Rocky	⁄ill∈	e			Mon	ntgo	mery Count
10a. STATE 10b. CO			10c. CIT	Y, TOWN OR	LOCATION	N					10d. INSIDE CITY LIMITS?
	ntgomery		Ro	ockvil	le.						1 TYES 2 NO
10e. STREET AND NUMBER					10t. ZI	IP CODE		10g. CIT	IZEN OF	WHAT COUNTRY?	
12618 Circle D				2	20850				Canad	da	
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	NT EVER IN U.S. AF 1 YES 2 X WAR OR DATES		If y	yes, specif	IDENT OF HISPA ify Cuban, Mexico NO Speci	en, Puerto 1		o or No-	Spec	E — American Indian, ck, White, etc. city:	
15. DECEDENT'S (Specify only highest of		16a, DI	ECEDENT'S	USUAL OCC	UPATION	of working	16b	KIND OF BU	SINESS/INI	DUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5		. Do NOT u	se retired.)	ing most o	or worning					
12	1		Hou	sewif	е			own h	ome		
17. FATHER'S NAME (First, Middle, Last	)				10	II. MOTHER'S N	AME (First, I	Aiddle, Maiden	Surname)		
James Townle	Y					Elizal	beth	Kate 1	Westh	our	ough
19e. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRESS (S	Street end	Number or Rural					24.1
Richard F. C	ollins		1261	8 Cir	cle	Drive,	Rockv	ille.	MD 2	0850	
20a. METHOD OF DISPOSITION		20b. PLACE	OF DISPO			ery, cremetory or			CATION -		
1 Burial 2 Cremation 3 1 4 Donation 5 Other (Specify)	Removal from State	other p	Monto	omerv	Cre	matori	ım. I	nd Be	thesa	la. N	Maryland
21. SIGNATURE OF FUNERAL SERVICE				22 NA	AME AND	ADDRESS OF FA	ACILITY R	obert	A. F	umpl	rey Funer
(.)											
1 Dauda	C. Ser	NO MO	0522	Hom	e/Ro	ckville	e, In	c., 30	00 We	est N	Montgomery
				Hom Ave	e/Ro nue,	ckville Rockvil	e, In lle,	c., 30	00 We	st M	7-2805
23. PART I. Enter the diseases, shock, or heart falls		at caused the d	eeth. Do	Hom Ave	e/Ro nue,	ckville Rockvil	e, In lle,	c., 30	00 We	st M	Approximate Interval Between
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23. PART I. Enter the diseases, shock, or heart failt iMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant cond  (LATTIC LAST  PART II. Other significant cond  (LAST  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 M NO  27. MANNER OF DEATH  2 Accident 3 Suicide 4 Homicide 6 Could not determine  29a. CERTIFIER (Check only one) 2 MEDICAL EXA	Dr complications the pre. List only one can be can be considered as the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the policy of the	To coused the division of the coused the division of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the couse of the	eeth. 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DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	1 - STATE REGISTRAR		CERTIFIC	CATE OF	DEATH	REG. N	0.		
	1. DECEDENT'S NAME (First, Middle, Last)	argot MARG	OT U. RIC	CHARDS		2. DATE OF DEATH MONTH		3. TIME OF DEATH	М
	4. SOCIAL SECURITY NUMBER 431-70-6633	1 □ M 2 🖁 F 6	M	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOUTIS MIN.	7. OATE OF BIRTH (Month, Day, Year) JULY 3,19	922	BIRTHPLACE (State or Foreign Country) GERMANY	
TOR	Shady Grove RESIDENCE OF DECEDENT	Adventist	Hopital		ERSBURG	HTA	Monts	FOMERY .	
DIRECTOR	VIRGINIA ARLIN		10c. CITY,	TOWN OR LOCAT				10d. INSIDE CITY LIMITS? 1 X YES 2 NO	
FUNERAL	100. STREET AND NUMBER 4418 NORTH 4th RO				22203		10g. CITIZEN OF WHAT COUNTRY? UNITED STATES		
BY FUI	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 X NO	If yes, sp		IIC ORIGIN? (Specify ) n, Puerto Ricen, etc.)	ea or No — 14.	. RACE — American Indien, Black, White, etc. Specify: WHITE	
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementery/Secondary (0-12) UNKNOWN	CATION completed) College (1-4 or 5 +)	Me. Do NOT use	rk done during mo retired.)			USINESS/INDUS	TRY	
COMP	17. FATHER'S NAME (First, Middle, Last)		HOMEMAKE	Z.K		ME (First, Middle, Maids	HOME		
BE	NOT AVAILABLE  190. INFORMANT'S NAME (Type/Print)								
70	SHIRLEY LANE		RT 1 B	BOX 14A	THREE C	HURCHES,	W.VA.	26765	
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	21. SIGNATURE OF FUNDOLL SERVER LIQ	Tale Of	0	22. NAME AI		4510 WIL		B.HOME NIA 22203	
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardisc or respiretory arrest, abock, or heart feliure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):								
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	DUE TO (OR AS A	CONSEQUENCE OF):	set	INFEC	TION			
ERTIFI	thet initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):						
EDICAL	PART II. Other significant conditions  LULU G CA  1312AST (	the underlyin	the underlying cause given in Part I. 24a			24b. WERE AUTOPSY FINDIN MAILABLE PRIOR TO COMPLETION OF CAUSI OF DEATH?			
.: M						-		1 YES 2 NO	
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			LACE OF DEATH (CA	eck only one)			
YSI	1 TYES 2 NO	1 inpatient 2 I ER/Outp	patient 3 DOA 4			6 Cher (Specify)			
ву РНУ	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	200. DATE OF INJURY (Month, Day, Year)	28b. TIME	RY WO	DURY AT DRK? YES 2 NO	28d. OESCRIBE HOY	/ INJURY OCCUP	RED	
ED	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spec	/ — At home, farm, str olly)	met, factory, offic	•	281. LOCATION (Stree City or Town, Ste	al and Number or te)	Rural Route Number,	
COMPLET		CIAN: To the best of my know						cause(a) and menner es stated	s.
TO BE	296. SIGNATURE AND TITLE OF CERTIFIER TO SCORE T.	CERTIFIEDE	Lewer TK.	dio.	29c. LICENSE NU D 350		29d. DATE 8	11 SO	
-		J. 6 800008	JE TH	Mi	1527	LS Sither	y GROUP	E ROTO . 708	250
	JAN 16 '90	32. REGISTRAM'S SIGN	Widson Rand	682					

BALTIMORE, MARYLAND 21203-3146

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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	L OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	PROFETTION. After this ansitioned has been simpled by the otherships who arising and committee
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31. DATE FILED (Morth, Day, Year)

JAN 1 2

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	FOR 1 - STATE REGISTRAR		STATE OF I	MARYLAND C	/ DEPAR					MENTAL	HYGIEN REG. NO.	E		02000
	1. DECEDENT'S NAME (First, PANS)	Middle, Lest) Y MAE	REDMON	D						2. DATE O	n 5,	199	DEAR 3	. TIME OF DEATH
	4. SOCIAL SECURITY NUMB		5. SEX	6. AGE (In yrs. II	nst birthday) YRS.	IF UNDER	1 YEAR DAYS	HOURS	R 24 HRS. MIN.	7. DATE O (Month,	F BIRTH Day, Year)		Country)	ACE (State or Foreign Maryland
	Sa. FACILITY NAME (If not in:		street and number)			9b. CITY	, TOWN (	OR LOCAT	ION OF DE	_	11 2	-	TY OF DEA	
DIRECTOR	2830 Marr	iotts	ville R	load		Ma:	rri	otts	svil	le		Н	owar	ė
REC	10a. STATE	10b. COUNT			10c, CI7	Y, TOWN C	DWN OR LOCATION 10						Od. INSIDE CITY LIMITS?	
	MD Howard				Ma								YES 2 NO	
FUNERAL	10s. STREET AND NUMBER					101. ZIP CODE 104						10g. CITIZ		AT COUNTRY?
NEF	2830 Mai	rriot	T						L04				U.S	.A.
BY	11. MARITAL STATUS 1 Never Married 2 34 Widowed 4 Divo		12. WAS DECEDEN FORCES? 1 IF YES, GIVE Y	TEVER IN U.S. A	NO		If yes, sp	ENDENT OF CUBE	an, Mexica	n, Puerto Ri	(Specify Yealican, atc.)	or No-	Black,	- American Indian, White, atc. White
ED		EDENT'S EDU		16a. D	ECEDENT'S	USUAL O	CCUPATIO	ON .	lenen	16b.	KIND OF BUS	SINESS/INDU		
COMPLETED	Elementary/Secondary (0		College (1-4 or 5	4	Home	se retired.)		at or work	ng .		Dome	stic		
Ö	17. FATHER'S NAME (First, Mi	iddle, Last)						18. MOT	HER'S NA	ME (First, Mi	iddie, Maiden	Surname)		
BE (	Zadoc Eas	ston						Mir	nnie	Mus	grove	е		
TO E	19a. INFORMANT'S NAME (Type/Print)  Ruby A. Ashby  19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code)  5755 Oklahoma Rd., Sykesville, MD 21784													
	20a. METHOD OF DISPOSITION  X Burial 2 Cremation 3 Removal from State  4 Donation 5 Other (Specify)  20b. PLACE OF DISPOSITION (Name of cemetery, crematory or other place)  Crestlawn Mem. Gdns.  20c. LOCATION — City or Town, State  Marriottsville, MD													
	21. SIGNATURE OF FUNERAL	SERVICE LI	CEMBER				NAME A	ND ADDRE	ESS OF FAC		Box 2	268		
	23. PART I, Enter the di		complications the		535						y,MD			Terrore and
	ahock, or he IMMEDIATE CAUSE (Fin disease or condition reaulting in death)	10.							ratory arre	oat,	Approximeta Interval Batween Onset and Death			
ATION	disease or condition resulting in death)  a. CALD PULMONARY AMEST  DUE TO (OR AS A CONSEQUENCE OF):  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING  DUE TO (OR AS A CONSEQUENCE OF):  Primary Lunk Ca													
CERTIFICATION	ceuse. Enter UNDERLYI CAUSE (Disease or Inju that initiated evente resulting in death) LAS	EOUENCE C												
		-	d					-						-
MEDICAL	PART II. Other algnificent conditions contributing to death but not resulting in the underlying of								lying couse given in Part I. 24s. WAS AN PERFOR			RMED?		WERE AUTOPSY FINDINGS WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  YES 2 NO
Ä														
C	25. WAS CASE REFERRED TO EXAMINER?	O MEDICAL	HOSPITAL:			OTHE		LACE OF I	DEATH (Ch	eck only one	)			
PHYSICIAN:	1 YES 2 NO		1 Inpatient 2		1	4 🗆 Nur	sing Hon		lesidenca	6 🗆 Other				
ВУ РН	1 Natural 5	Pending Investigation	28a. DATE Of (Month, (	P INJURY Day, Year)	28b. TII	JURY M	WC	JURY AT DRK? YES 2	□ NO	28d. DEŞ(	CRIBE HOW I	NJURY OCC	URED	
		Could not be determined	28e. PLACE ( building	OF INJURY At I , atc. (Specify)	home, farm,	street, fact	tory, offic	:0			TION (Street or Town, State)		or Rural Ro	ute Number,
COMPLETED	and the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of th		ER: On the basis of a											and manner as stated.
BE	296. SHOWATURE AND THE	OF CERTIFIE	R					30. LIC	ENSE NUI	MBER		29d, DATE	SIGNED (	Month, Day, Year)
5	JO NAME AND ADDRESS OF	F PERSON WI		SE OF DEATH (IT			7 6	EN	En	Dr	103	Em	cor	COIM

32. REGISTRAT'S SIGNATURE
Julia Davidson- Fandall

and the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of t

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